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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed w.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely more in by the funeral director, page 5 should be detached for the fined within 72 hours after death with the State Debt, of Health and Mental Hyplene prior to burial, cremation, or removal.
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF OEATH 17/91 MDNTH 09/ William Henderson A SOCIAL SECURITY NUMBER 7. OATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 18-09-96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1/10. 301 YES 2 NO FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 11. MARITAL BIATUB 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE - American Indian, If yes, specify Cub 1 Never Married 2 MO 3 Widowed 4 Divorced BY COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUBTRY (Specific (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+) Abor 16. MOTHER'S NAME (First, Middle, Mei notified at BE 19b. MAILING ADDRESS (Sh 2 20a. METHOD OF DISPOSITION examiner must be 20b. PLACE AND DATE OF DISPOSITION of Comptant Commandary or offiger place) 3 🗆 R Donation 5 - Other (Specify) 21, BIGNATURE OF FUNERAL SERVICE LICENSEE medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, Approximate shock, or heart failure. List only one cause on sech line. Interval Betw **Onset and Death** IMMEDIATE CAUSE (Final the disease or condition las Talic rostate ancer event. resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Bone 10 injury, or other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL hoonic 065TrucTive Despase IMPORTANT: If item 28 is marked, or item 23 shows any 1 TES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: me 5 Residence 6 - Other (Specify) nt 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 2 Accident 5 Pending Investign 1 YES 2 NO BY 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide ETED | 8 Could not be determined 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(e) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basic of exa end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, BE and 93 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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32. REGISTRAR'S SIGNATURE LA DAVIDON-RANGER

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-Rd. Glen Bunne

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The I. TO THE FUNERAL DIRECTOR: After this certificate has be flied within 72 hours after death with the State De IMPORTANT: If Item 28 is marked, or Item 2

	as been signed by the attending prysician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should		
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FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTMENT O CERTIFICATE (MENTAL HYGIEI		
1. DECEDENT'S NAME (First, Middle, I. MELISSA	E HARA	215		2. DATE OF DEATH MONTH	DAY YES	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 2 2 9 - 2 8 - 0 5 99_RADILITY NAME (If not institution, 1)	16 10 H2 15 9	YRS.	F UNDER 24 HRS. HOURS MIN. WN OR LOCATION OF DE	0		IRTHPLACE (State or Foreign ountry)
RESIDENCE OF DECEDEN		10c. CITY, TOWN OR L	OCATION			10d, INSIDE CITY
RESIDENCE OF DECEDEN 10a. STATE 10b. CO 11. MARITAL STATUS 11. MARITAL STATUS 12. Magnet Method 13. Magnet Method 14. Magnet Method 15. Magnet Method 16. Magnet Method 17. Magnet Method 18. Magnet Method 19. Ma	1.	<i> 19A I </i> - <i>L</i>	10f, ZIP CODE	2	10g. CITIZEN	1 YES 2 NO
11. MARITAL STATUS 1 Never Merried 2 Married 3 Merried 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YEI IF YES, GIVE WAR OR	S 2 HO If ye	DECENDENT OF HISPAI a, apacity Cuban, Mexica YES 2 NO Specifi	in, Puerto Ricen, etc.)	00 Or No. 14. [RACE — American Indian, Black, White, atc.
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12) 17. FATHED'S NAME (Fifst, Middle, Lae		16a. DECEDENT'S USUAL OCCU (Give kind of work done durin life. Do NOT use retired.) Homema	g most of working	16b. KIND OF B	USINESS/INDUSTI	MA CAC
17. FATHER'S NAME (Filst, Microllo, Las	nowy		16. MOTHER'S NA	ME (First, Middle, Melde Chock N	on Surname)	
20e. METHOD OF DISPOSITION 1 1 1 1 1 1 2 Cremetton 3	Removal from State	19b. MAILING ADDRESS (SI	orley St.	BALTIN	own, State, Zip Cod	nd. 21259
4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE & Senh		7 KD 01 US M2 23 NAA JOS 20 20 20 20 20 20 20 20 20 20 20 20 20 2	AE AND ADDRESS OF FA	WSS FU	BALLA.	Md.21216
23. PRT I. Enter the diseases shock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death)	ure. List only one cause on	ENEUM ON	· c	th es cerdiec or ree	piratory errest,	Approximate Interval Between Onset end Death
Sequentielly list conditions, if erry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):				
PART II. Other significant cond	iñas ar	but not resulting in the under	riying couse given in		AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigat	HOSPITAL: 1 Inpetient 2 ER/O	OTHER:	26. PLACE OF DEATH (C/			
27. MANNER OF DEATH 1 Netural 5 Pending	26e. DATE OF INJUR (Month, Day, Year	Y 28b. TIME OF 26	thome 5 Residence c. INJURY AT WORK? PS 2 NO	28d. DESCRIBE HOV	V INJURY OCCURE	ED
3 Suicide 6 Could no 4 Homicide determin	28e. PLACE OF INJU	RY — At home, farm, street, factory, pecify)	office	281. LOCATION (Stree City or Town, Sta	et and Number or Rite)	lural Route Number,
onel		owledge, death occurred at the time				use(e) and manner as stated,
29b. SIGNATURE AND TITLE OF CER	hat my		29c. LICENSE NU		29d. DATE SIG	GNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSO FIG. LALU M 31. DATE FILED (MORTH Day, Year)	m Soga	en o sy				
SEP 19 1991	Julia Davidson	- Mandell				DHMH-16 Rev 1/8

		permit. Pages 1, 2, 3 should		
BALTIMORE, MARYLAND 21215-0020	.fter death. Page 6 may be retained by the hospital or attending physician.	at by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		once.
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DIVISION OF VITAL RECORDS, P.O. BOX 6876

	are precuted wi	lysician and completely	prior to burial, crematic	r traumatic event, th	
(TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law program the death cartificate the executed wi	TO THE FUNERAL DIRECTOR; After this certificate has increased by the annual physician and completely	Mertal Hygera	IMPORTANT: If Item 28 is marked, or item 23 them, and injury, or other traumatic event, the	
	PSICIAN: The law	s certificate has he	ith the State Dept	ed, or Item 23 a	
	E PH	if the	*	분	l
	OR ATTENDIN	DIRECTOR; After	hours after deat	Item 28 Is ma	

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO).	
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH	MY YEA	3. TIME OF DEATH
KATHERINE H.	HUBBARD					节 背	9:20 4
4. SOCIAL SECURITY NUMBER 212-12-1047	1.0	E (In yrs. lest birthdey)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Month. Dow Year) JUNE 14,	1898 W	IRTHPLACE (State or Foreign ountry) M 2 rul 2 1)
9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY	
UNION MEMORIAL F	HOSPITAL			ORE CITY		-	***
10a. STATE 10b. COUNT	Υ	10c. CITY,	TOWN OR LOCA	TION	S		10d, INSIDE CITY
MARYLAND 100. STREET AND NUMBER		I	BALTTIM			Laciania	1 YES 2 NO
600 LIGHT ST.			10	f. ZIP CODE 212	230		S. A.
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Pivorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, s		NIC ORIGIN? (Specify Year, Puarto Rican, etc.) y:		RACE — American Indian, Black, White, atc. Specify: WHITE
15. DECEDENT'S EDU	JCATION	16a. DECEDENT'S U	SUAL OCCUPATI	ON	16b. KIND OF BU	JSINESS/INDUSTI	RY
(Specify only highest grade Elementary/Secondary (0-12) NA	Coffege (1-4 or 5+)	(Give kind of we life. Do NOT use CLERK	ork done during m retired.)	oat of working	II C	DEDT	OF PRINTING
17. FATHER'S NAME (First, Middle, Last)		OBBIRK		T 48 MOTHER'S NA	ME (First, Middle, Maide		OF PRINTING
PETER GIMBEL				WOOLST THE STREET	IARIE (UNK		
19a. INFORMANT'S NAME (Type/Print)		19h MARING	ADDRESS /Stract		Route Number, City or To		(e)
GENE RINGSDORFER	(EDIEMD)						
20a. METHOO OF DISPOSITION		20b. PLACE AND DATE			LTIMORE 1	OCATION — City	
1 X Buriel 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	noval from State	of cemetary crematory c	ARK CEN	IETERY		ALT IMOR	
21. SIGNATURE OF FUNERAL SERVICE LI	Lau	treely	SCHIM		ERAL HOME: ANE, BALT		
Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING	b. DUE TO (OR A)	S A CONSECUENCE OF	4	entia redic			7 days
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSPOUENCE OF	:				7-12
PART II. Other algorificant conditions of the co	_	but not resulting in		ng csuaa given in	Part i. 24a. WAS A PERFC	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SE WAS CASE DEFENDED TO HEROICAL		4 1					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C)			
1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpetient 2 ER/O 28a. DATE OF INJUF (Month, Day, Yea	Y 28b. TIME	OF 28c. IN	JURY AT ORK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURE	ED
2 Accident Investigation 3 Suicide B Could not be determined	28e. PLACE OF INJU- building, atc. (S	IRY — At home, farm, st (pecify)			281, LOCATION (Street City or Town, State	t and Number or R	tural Route Number,
(Sinceri Sin)	SICIAN: To the best of my kn						use(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	ER	111 a	4	29c. LICENSE NU	MBER	29d. DATE SIG	GNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	chenus		.D.	09/17/91		
SEP 19 1991	32. RECISTRAR'S S						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within & would be the death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAI CERTIF	RIMENT OF	F HEALTH AND I OF DEATH	MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
i	THELMA		HERRMAN			9-6-91	A AE	11:17 A M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGI	E (In yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7, DATE OF BIRTH		BIRTHPLACE (State or Foreign
	218 05 7536	1 🗆 M 2 🖵 F	80 YRS.	MONTHS DA	YS HOURS MIN.	(Month, Day, Year) 5-14-191		Maryland
	9e. FACILITY NAME (If not institution, give s		00	9b. CITY, TO	WN OR LOCATION OF DI		9c. COUNTY	
Œ	Fallstown Gene	ral Hognita	1	Fall	Lston		u-	arford Co
DIRECTOR	RESIDENCE OF DECEDENT	rai nospita		Fall	LSCOII		110	
H.	10a. STATE 10b. COUNT	Υ	10c. Cl	TY, TOWN OR L	OCATION			10d. INSIDE CITY LIMITS?
		rd County	Ja	arretts			-	1 YES 2 NO
₹	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	2364 North Cli			1	21084		USA	
2	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YE			DECENDENT OF HISPAI a, specify Cuben, Mexico	NIC ORIGIN? (Specify Yes an, Puerto Ricen, atc.)	or No.— 14.	RACE — American Indian, Black, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	_	YES 2 NO Specific	•		Specify: White
	15. DECEDENT'S EDU	CATION	18a, DECEDENT			18b. KIND OF BU	SINESS/INDUST	
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life, Do NOT	work done during	ng most of working			
7	12	College (1-4 or 5 4)						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Meiden	Surnama)	
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAJLIN	G ADDRESS (S	treet and Number or Rural	Route Number, City or Tow	n, State, Zip Coo	de)
2	Catherine Maggitt	ti CARETAKE	ER 2364	North	Cliff Dr.	Jarrettsvi	lle.MD	21084
	20s. METHOD OF DISPOSITION		20b. PLACE OF DISPO		of cemetery, crematory or		CATION — City	or Town, State
	1 Buriel 2 Cremetion 3 Rem 4 Donetton 6 Other (Specify)	1 stat	other place)					
4	13. BECHATURE OF FUNERAL SERVICE LA	CENSES	urala pia		WE AND ADDRESS OF FA			
	Ander 1/1		Wade, Din 9/16/91		W Dollin	ore St, Ba		y Board
A	23 PART I. Enter the diseases, or	the state of the s						
- 1	ehock, or heart fallure.							
- 1	/					3.00		Interval Between
	IMMEDIATE CAUSE (Final disease or condition			u Pa		3.00		Interval Between
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-	IMMEDIATE CAUSE (Final disease or condition	arteria				3.00		Interval Between
NOI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions,	O. Article DUE TO (OR A	releast	OF):		3.00		Interval Between
CATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	O. Article DUE TO (OR A	s a consequence	OF):		3.00		Interval Between
IFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	s a consequence	OF):		3.00		Interval Between
ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS	S A CONSEQUENCE	OF):		3.00		Interval Between
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BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if erry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Metural 5 Pending Investigation 2 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	DUE TO (OR AMEDICAL TO	S A CONSEQUENCE S A CONSEQUENCE S A CONSEQUENCE The but not resulting Dutystient 3 DOA TOTAL DOA	OF):	riying cause given in 28. PLACE OF DEATH (C g Home 5 Residence ic. INJURY AT WORK? 1 YES 2 NO 1, office	Part I. 24a. WAS AI PERFO 1 YES Inteck only one) 8 Other (Specify) 28d. DESCRIBE HOW 281. LOCATION (Street City or Town, State and place, a JMBER	N AUTOPSY RMED? 2 NO INJURY OCCUP and Number or 1) anner as stated, and due to the december of the company of	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

3. TIME OF DEATH

TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH

Mary Winand HOE	N						монтн	13		*91	8:26A M
4. SOCIAL SECURITY NUMBER 5. SEX 6	. AGE (In yrs. les	st birthday)	IF UNDER		IF UNDER 24		7. OATE OF B	IRTH	1	. BIRTHPL Country)	ACE (State or Foreign
217-46-0073 ¹□™XXX	92	YRS.	MONTHS	DAYS	HOURS S	MIH.	7-2	99		Mary	land
9a. FACILITY NAME (If not institution, give street and number)			9b. CITY	, TOWN O	R LOCATION	OF DE	ATH		9c. COUNT	Y OF DEA	тн
Meridian Long Green			Ва	ltim	ore				N/A		
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		T 40 - 017	Y. TOWH C		011					т.	Od. INSIDE CITY
					ON						LIMITS?
Maryland N/A		Be	altin		ZIP CODE			— т	40- O:TIT		AT COUNTRY?
The state of the s					1210				USA	EN OF WH	AI COUNTRY?
6104 Bellinham Ct.	EVED IN 11 S. AS	PMEO.	12			HISDAN	IC ORIGIN? (S	nanihi Yan		A BACE -	- American Indian.
1 Never Married 2 Married FORCES? 1 FYES, GIVE WAF	YES XX			If yes, spe		Maxican	, Puarto Rican			Black, Specify:	White, etc.
3 Nddowed 4 □ Divorced	ON DATES			1 - 1527	ZYKNO	эреску.				арисну.	White
15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. Di	ECEDENT'S	USUAL O	CCUPATIO	N It of working		16b. KIN	D OF BUSI	NESS/INDU	ISTRY	
Elamentary/Secondary (0-12) College (1-4 or 5+)	ilie	Do NOT u	se retired.)	during mos	t of working						
12		Hon	nemak	er				N/A			
17. FATHER'S NAME (First, Middle, Last)							AE (First, Middle		lumame)		
John P. Winand							roderi				
19a. INFORMANT'S NAME (Type/Print)							loute Number, C				-1-1-
Mary Hoen O'Neil							altim				
20a, METHOD OF DISPOSITION XXXSurial 2 Cremation 3 Removal from State	other p	lace)			etery, cremeto	ory or			ATION — C		
4 Donation, 5 Other (Specify)	New C	atheo						Balt	imore	e, Ma	aryland
21. SIGNATURE OF FUNERAL SERVICE SICENSIE	vake.		22.	NAME AN	D ADDRESS	OF FAC	iitche.	11-Wi	edef	eld H	Home
Dennis Stephen Xenak		0640	65	500 Y	ork R	Road	Balti	imore	. Ma	rvlai	nd 21212
23. PART i, Enter the diseases, or complications that						_					Approximate
ahock, or heart fallure. List only one ceuse IMMEDIATE CAUSE (Final											Interval Batwaen Onset and Death
disease or condition (archa	roves	cule		Acc	, de	24					60000
I resulting in daeth) . a	OR AS A CONSE										
C 6.											ļ
If any, leading to immediate	OR AS A CONSE	OUENCE O	OF):								
cause. Enter UNDERLYING CAUSE (Disease or injury			Ī								1
that initiated events resulting in death) LAST	OR AS A CONSE	EOUENCE O	OF):								
d											
PART ii. Other aignificant conditions contributing to d	laeth but not	reauiting	in the u	nderlying	cause giv	en in	Part I. 24	. WAS AN	UTOPSY		WERE AUTOPSY FINDINGS
							11	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
											OF DEATH?
							_				G 4 G 1.
25. WAS CASE REFERRED TO MEDICAL				28. PL	ACE OF OEA	ATH (Ch	ock only one)				
EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpatient 2			07116	_							
	ER/Outpetlant	3 DOA	4 Nu		e 5 🗆 Real	dence	8 Other (Sp	pecify)			
27. MANNER OF DEATH 28s. DATE OF II	NJURY	28b. Til	4 🖼 Nu	rsing Hom- 28c. INJ	URY AT	dence	8 Other (Sp 28d. DE\$CRI		JURY OCC	URED	-
1 Natural 5 Pending (Month, Day	NJURY	28b. Til	4 🖼 Nu	28c. INJ WO					JURY OCC	URED	
1 Netural 5 Pending (Month, Day 2 Accident Investigation 3 Suicide 2 28. PLACE OF	NJURY , Year) INJURY — At h	28b. Til	4 Nu ME OF IJURY M	28c. INJ WO 1 Y	URY AT RK? 'ES 2		28d. DEŞCRI	BE HOW IN			ute Number,
1 Netural 5 Pending (Month, Day 2 Accident Investigation 3 Suicide 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	NJURY (, Year)	28b. Til	4 Nu ME OF IJURY M	28c. INJ WO 1 Y	URY AT RK? 'ES 2		28d. DEŞCRI	BE HOW IN			ule Number,
1 Netural 5 Pending (Month, Day 2 Accident Investigation 3 Suicide 8 Could not be determined 28s. CERTIFIER 1 CERTIFUING PHYSICIAN: To the best of a	NJURY , Year) INJURY — At h Re. (Specify)	28b. TII IN nome, farm,	4 Nu ME OF IJURY M	28c. INJ WO 1 1 v	URY AT PK?	NO	28f. LOCATIO	DN (Street a bwn, State)	nd Number	or Rural Ro	ute Number,
1 Natural 5 Pending (Month, Day 2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined 28s. PLACE OF building, at	NJURY , Year) INJURY — At h re. (Specify) ny knowledge, d	28b. Til IN nome, farm,	4 Number of Juny M street, fac	28c. INJ WO 1 Trory, office	URY AT RK? /ES 2	NO	28f. LOCATIC City or R	DN (Street a bwn, State)	nd Number o	or Rural Ro	
1 Matural 5 Pending Investigation 3 Suicide 8 Could not be determined 28s. PLACE OF building, at Check only One) 29s. CERTIFIER (Check only One) 2 MEDICAL EXAMINER: On the best of m	NJURY , Year) INJURY — At h re. (Specify) ny knowledge, d	28b. Til IN nome, farm,	4 Number of Juny M street, fac	28c. INJ WO 1 Trory, office	URY AT RK? /ES 2	NO and dua	28f. LOCATIC City or R to the cause(itime, deta and	DN (Street a bwn, State)	nd Number of	or Rural Ro	and manner as stated.
1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 28s. PLACE Of building, at Month, Day 29s. CERTIFIER (Check only 000) 2 MEDICAL EXAMINER: On the best of axa 29b. SIGNATURE AND TITLE OF CERTIFIER	NJURY , Year) INJURY — At h rec. (Specify) my knowledge, c mination and/or	28b. Til IN nome, farm, death occur r Investigati	4 SNu ME OF IJURY M street, fac	28c. INJ WO 1 Trory, office	URY AT RK? (ES 2	NO and dua	28f. LOCATIC City or R to the cause(itime, deta and	DN (Street a bwn, State)	nd Number of	or Rural Ro	
1 Matural 5 Pending Investigation 3 Suicide 8 Could not be determined 28s. PLACE OF building, at Check only One) 29s. CERTIFIER (Check only One) 2 MEDICAL EXAMINER: On the best of more) 2 MEDICAL EXAMINER: On the best of axa 29b. SKGNATURE AND ATTILE OF CERTIFIER 30. NAME AND ADORESS OF PERSON WHO COMPLETED CAUSE	NJURY , Year) INJURY — At h rec. (Specify) my knowledge, c mination and/or	28b. Till IN	4 S Nu ME OF JURY M street, fac	rsing Hom- 28c. INJ WO 1 NO tory, office	and place, a auth occured	NO and dua dist the USE NUM	28d. DESCRI 28f. LOCATIC City or R to the cause(time, data and	BE HOW IN ON (Street a own, State)	nd Number of	or Rural Ro	and manner as stated.



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FOR STATE REGISTRAR

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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF GEATH 3. TIME OF DEATH Leon Sr. September 15, 1991 Joseph HOWELT. 5:29 Рм 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 213 28 0352 Feb. 28 1930 61 1 X M 2 | F HOURS Maryland permit, Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Franklin Sq. Hospital DIRECTOR Baltimore County RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore White Marsh 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? **burial-transit** 11116 Red Lion Rd. 21162 USA ours after death. Page 6 may be retained by the hospital or attending physician, 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indien, Black, White_etc, If yes, specify Cuban, Maxican, Puerto Rican, stc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR OATES 1 Never Married 2 Married White BY 3 Widowed 4 Divorced Specify: use as the 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. OECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INGUISTRY (Give kind of work done life. Do NOT use retired.) funeral director, page 5 should be detached for Elementary/Secondary (0-12) College /1-4 or 5 +1 8 Mason Building 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) James Howell Margaret Abrahms notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Jennie B. Howell, Wife 11116 Red Lion Rd. White Marsh, Md. 21162 must be 20e. METHOD OF DISPOSITION
1 Street 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City of Town, State OATE Gardens of Faith Cemetery 9/19/91 Baltimore Co., medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Bruzdzinski Funeral Home PA filled in by the filon, or removal. 1407 Eastern Ave. Baltimore. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or haert failure. List only one cause on each line. Approximata Intarval Between IMMEDIATE CAUSE (Final completely filled Onaet and Death the disease of condition Acute and Subacute Myocardial Infarction within event. resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): and corr o burial, Coronary Artery Thrombosis traumatic CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): prior to t if any, leading to immediate cause. Enter UNDERLYING signed by the attending physician Health and Mental Hygiene prior to certificate be other t CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 infury. PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any X YES 2 NO this certificate has been a with the State Dept. of P. 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL:
1.N Inpatient 2 - ER/Outpetient 3 - DOA OTHER: 4 Nursing Home 5 Residence 8 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. fNJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked. Natural 5 Pending 1 YES 2 NO DIRECTOR: After the hours after death BY death 2 Accident Investigation ATTENDING 28 is r 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, tectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be determined after 4 Homicide 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. TO THE HOSPITAL OF THE FUNERAL DE FINE WITHIN 72 ho 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, end due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIED BE 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year) Maryon N/A 2 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) M.D. Frances Ferguson, 9000 Franklin Square Drive Baltimore, MD. 31. DATE FILED (Month, Day, Year) 9 1991

Julie Davidson-Randelle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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ASSESSMENT OF THE PARTY OF THE

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	JOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Pag	the state of the s
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page b may be tetained by the hospital or attending physician. TO THE FUNETAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be followed by the attended may be a fine within 72 hours after death with the State Dept. of Health and Memal Hyglene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAN		ENT OF HEAL		MENTAL HYGI				
	1. DECEDENT'S NAME (First, Middle, Lest) SAVILLE CI	LIFT JETT			98	2. DATE OF DEATH	DAY YE 17 9			
	212-20-8731	1□M2 F 89	YRS. MON	THE DAYS HOU			02 M	NRTHPLACE (State or Foreign Sountry) aryland		
TOR	98. FACILITY NAME (If not institution, give street 31 E. 31st Street 1981) BESIDENCE 1985 DECEDENT			Baltimo			9c. COUNTY	OF DEATN		
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY	10b. COUNTY 10c. CITY, TOWN OR LOCATION Baltimore City						10d. INSIDE CITY LIMITS? 1 YES 2 NO		
VERAL	31 E. 31st Str				1218	U.S	S.A.			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 M Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES	2 ANO	13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuben, Maxican, Puerio Rican, etc.) 1 YES 2 NO Specify: 1. YES 2 NO Specify:						
COMPLETED	15. OECEDENT'S EQUCA (Specify only highest grade on Elemantary/Secondary (0-12)	empleted) College (1-4 or 5+)	sa. OECEDENT'S USU (Give kind of work life. Do NOT use rei Homemak	done during most of v lired.)	vorking	16b. KIND OF BUSINESS/INDUSTRY Own Home				
BE COA		Clift			Maude		le			
2	19a. INFORMANT'S NAME (Type/Print) R. Samuel Jett J		7801	York R	d. T	Poute Number, City or	Md. 21	204		
	20e. METHOD OF DISPOSITION 1	Dr	tery	P		lle, Md.				
	John O. Slad			H;W. J		4905 s & Son	York Ros, Balt			
CERTIFICATION	23. PART 1. Enter the disease, Dr complications that caused the death. Do not enter the mode of dying, such se cardiec Dr respirator shock, or heart feliure. List only one cause Dn eech ilne. IMMEDIATE CAUSE (Finel disease or condition) resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							Approximate interval Between Onset and Death / Mo		
MEDICAL	PART II. Other algnificent conditions	contributing to deeth but	not resulting in t	he underlying ca	use given in	PEF	S AN AUTOPSY IFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
PHYSICIAN:		HOSPITAL:		THER:	OF DEATH (Ch	s Cher (Specify)				
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME O	F 28c, INJURY	AT		OW INJURY OCCUR	ED		
ED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLET	one)	IAN: To the best of my knowled : On the besis of examination of						ause(a) and manner as stated.		
TO BE	Hadellu Jek	ann			D334	MOER HOO	29d. DATE 8	IGNED (Month, Day, Year)		
-	Dr. Iredell W.	Iglehart l	M.D. !		Unive:	rsity P	kwy I	Balto. Md.		
	31. DATE FILED (Month, Day, Year) CFD 1 9 1001	32. REGISTRAR'S SIGNAT	and the same of th							

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pt	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. If the 20 is marked as item 22 shaws any infinity or other fraumatic event the medical examine
after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dent, of Health and Mental Hygiene prior to burial, cremation, or removal.	les i
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	_	REGISTRAR			7 L 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ICATE	OF DEA	ın	REG. N	NO.		
-		1. DECEDENT'S NAME (First, Middle, Last))					2. DATE OF DEATH MONTH		3. TIME OF DEATH		
- 1	- 5					-	KRIEL			16,199		
П		4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.	-	IF UNDER 1 Y	EAR IF UNDE AYS HOURS	MIN.	7. OATE OF BIRTH (Month, Day, Year,	1	BIRTHPLACE (State or Foreign Country)	
- 1	11	215-03-5526		! 81	YRS.				JAN. 18,		ARYLAND	
	~	9a. FACILITY NAME (If not institution, give				96. CITY, TO	OWN OR LOCAT			9c. COUNTY	OF DEATH	
	2	RESIDENCE OF DECEDENT	(EDENW	ALD)				TO	WSON		BALTIMORE	
	E E	10a, STATE 10b. COUNT	TY		10c. CIT	Y, TOWN OR I	LOCATION				10d. INSIDE CITY	
- [DIRECTOR	MD. BALTIMO			15			ጥ	OWSON		1 VES 2XX NO	
- 1		10e. STREET AND NUMBER				10f. ZIP CODE				10g, CITIZEI	N OF WHAT COUNTRY?	
- 1	2 1	800 SOUTHERL	Y ROAD				~			U.S.A.		
	FUNERAL	11. MARITAL STATUS		ENT EVER IN U.S.	ARMEO	13. WA	S OECENDENT		21204 NIC ORIGIN? (Specify	Yes or No - 14	, RACE — American Indian,	
- 1		1 Never Married 2 Merried	FORCES?	WAR OR DATES	NO	If y		an, Maxica	ın, Puarto Rican, atc.)		Black, White, etc. Specify:	
- 1	BY	3 Widowed 4 Divorced					,	Ореси	,	24	WHITE	
- 1	9	15. OECEOENT'S ED (Specify only highest grad	UCATION de comoleted)	16a.		USUAL OCCI	JPATION ing most of work	ina	16b. KIND OF	BUSINESS/INDUS	TRY	
- 1	<u>u</u>	Elementary/Secondary (0-12)	College (1-4 or 5	5+)	Ille. Do NOT u	ise retired.)	ng mood of work	9				
	MP	12	-		SECR	ETARY			STO	CK BROK	KERAGE	
9	COMPLET	17. FATHER'S NAME (First, Middle, Last)					4.44		ME (First, Middle, Mail			
7	BE (FREDERICK G.	• SCHWAI	RTZ			M	ARII	E ANN WE	HITE		
	0	19a, INFORMANT'S NAME (Type/Print)			19b. MAILIN	G ADDRESS (S	treet and Numb	or or Rural	Route Number, City or	Town, State, Zip Co	ode)	
2	F	JOHN H. SOME	RVILLE									
2		26a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Res	movel from State			E DF DISPOS			DATE 20c.	LOCATION — CIT	y or Town, Stata	
E	H	4 Donation 5 Other (Specify)			KWOOI	CEM	ETERY.	9/	18/91 B	ALTIMO	RE, MD. 21234	
examiner must be notified at once.		21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	TOTAL PROPERTY OF		22.NA	ME AND AUDR	ESS OF FA		5 VADV	ROAD 21212	
жа		11/00 cam 6	2 Carr	2111		HEN	IDV LI	TT				
100		23. PART I. Enter the diseases, or	11 March									
medical			complications th	net coursed the	death Do						S.BALTO, MD.	
		shock, or heart fellure	complications the case. List only one ca	nat coused tha ause on sech i	death. Do						Approximate Interval Between	
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BALTIMORE, MARYLAND 21215-0020	HYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. Ked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hos TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MA	ARYLAND /	DEPAR	TMEN'	T OF H	IEALTH DEAT	AND N	MENTA	L HYGIEN	E	91	25514
	1. DECEDENT'S NAME (First, Middle, Last) CARLYN	MEYER	KIPP						2. DATE MONT	OF DEATH		YEAR 91	3. TIME OF DEATH 5:30A.M. M
	4. SOCIAL SECURITY NUMBER 214-14-9097	1 M 2 XXF 79 YRS. MONTHS			IF UNDER	DAYS	IF UNDER	24 HRS, MIN,	7. DATE	OF BIRTH h, Day, Year) -25-12		6. BIRTHI	PLACE (State or Foreign
TOR	9s. FACILITY NAME (If not institution, give atreet and number) Meridian Long Green RESIDENCE OF DECEMENT				9b. CITY		imor		ATH		9c. COU	N/	
DIRECTOR	10a. STATE 10b. COUNTY 2240 Maryland	Baltimor	:e	10c. CITY, TOWN OR LOCATION TOWS On							10d. INSIDE CITY LIMITS? 1 YES XXXVO		
FUNERAL	940 Starbit Roa	ad									10g. CITI		HAT COUNTRY?
В	11. MARITAL STATUS 1 Never Married 2 Married XXXXWidowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES XXX	DED O		It yes, sp	ENDENT OF	i, Maxicar	n, Puarto I	i? (Specify Yes Rican, etc.)	or No-	Black,	— American Indian, White, atc. White
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) Coffege (1-4 or 5 +)	(Gh	m kind of a	T'S USUAL OCCUPATION of work done during most of working T use retired.)								
BE CO	17. FATHER'S NAME (First, Middle, Last) Carl Henry Meyer Joahannah Jurgensen												
5	Annette W. Davis 3 1									ber, City or Town			34
	20b. PLACEA 20b. PLACEA 20b. PLACEA 20b. PLACEA 20b. PLACEA 20matary, crei 3 Donatton 5 Donatre (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE			nd date on all ount	Cre	mato	ory			91 20c. LO	cimor	e Ma	rn, Stata ry land
	G. Joseph Fe	rrarse			65	500 Y	ork	Mit Road	tchell-Wiedefeld Home d Baltimore, Maryland 21212				
	23. PART I. Enter the disease, or o shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition	Complications that cluster only one ceuer	on each line.		ot enter	the mod	de of dyln	ng, such	es cerd	llec or respl	ratory arr	est,	Approximata Interval Batween Onset and Daath
z		DUE TO (O	R AS A CONSEO	UENCE OF	7 T):			1812	14	SIAT	1.		17mo.
ERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	G	R AS A CONSEC										
CERTIF	that initiated events resulting in death) LAST	d	R AS A CONSEC	UENCE OF	ŋ: 								
PHYSICIAN: MEDICAL	PART II. Other algnificent condition:	s contributing to de	eeth but not re	sulting i	n the un	derlying	ceuse gl	ven in F	Pert 1.	24s. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF OEATH? 1 YES 2 NO
SICIAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	700	T	OTHER	₹:	ACE OF DE						
ву РНҮ	27. MANNER OF DEATH 1. Netural 5 Pending 2 Accident Investigation	1 Inpatient 2 E 26a. DATE OF IN (Month, Day,	JURY	28b. TIMI	OF	28c. INJU			_	(Specify) CRIBE HOW IN	JURY OCC	URED	

25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: 1 YES 2 NO 1 - Inpatient 2 - ER/Outpetlent 3 - DOA 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26d. OESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Netural 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined

29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion,

29b. SIGNATURE AND JITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)

09386

all 30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

110 hours

Samuel I. O'Mansky, 8405A Loch Raven Blvd. M.D. Baltimore.

31. DATE FILED (Month, Day, Year)
SEP 19 1991

4 Homicide

Julia Dandson-Randall

New Administration of the Control of

21 90 - · ·

HYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	Health and Mental Hygiene prior to burial, cremation, or removal.	arked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after dea	ECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu	rs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	n 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exa
TO THE HOSPITAL OR ATTENDING PHY	TO THE FUNERAL DI	be filed within 72 hours after death w	IMPORTANT: If Item 28 is marke

1 - FOR STATE REGISTRAR	STATE OF MARY			HEALTH AND	MENTAL HYGIE REG. N		91 25515		
1. DECEDENT'S NAME (First, Middle, Lac Jay B Kilby Jr.	nt)				2. DATE OF DEATH MONTH		3. TIME OF DEATH		
4. BOCIAL SECURITY NUMBER 244 26 2655	1 🔀 M 2 🗆 F	67 YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) 2/24/2	4 N	BIRTHPLACE (State or Foreign Country) Orth Carolina		
TO SECTION AND ADDRESS OF THE PARTY OF THE P	Cility NAME (If not institution, give street and number)				EAIH	200	9c. COUNTY OF DEATH HOWARD		
10e. BTATE 10b. COU				CATION		10d. INSIDE CITY LIMITS? 1 — YES 2 N N			
100. STREET AND NUMBER 5842 Main Street	et .			101. ZIP CODE 21227		10g. CITIZEN OF WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	Never Married 2 Merried FORCES? 1 YES 2 NO			ECENDENT OF HISPAI specify Cuben, Mexico ES 2 NO Specif		Yes or No— 14	. RACE — American Indian, Black, White, atc. Specify: White		
15. DECEDENT'S E (Specify only highest gr Elementary/Secondery (0-12)						BUSINESS/INDUS	TRY		
17. FATHER'S NAME (First, Middle, Lest)		Truck	Drive	Ter Transportation 18. MOTHER'S NAME (First, Middle, Maiden Surname)					
Jay B. Kilby,	Sr.			et end Number or Rural	Cordell Route Number, City or 1		ode)		
Doris V. Kilby 20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 R	emoval from State	20b. PLACE AND DATE of cemetary, crematory	OF DISPOSITI	nlacel					
4 Donation 5 Other (Specify) 21. SIGNATURE OF TWEENAL SERVICE		Loudon Pa	22. NAME Gary	L. Kaufm			e, Md.		
Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
PART II. Other algorificant condi	PART il. Other algnificant conditions contributing to death but not resulting in the					S AN AUTOPSY RFORMED? ES 2 NO 24b. WERE AUTOPSY FIR AMAILABLE PRIOR TO COMPLETION OF COMPLETION OF DEATH? 1 YES 2 N			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26 OTHER:	PLACE OF DEATH (C	heck only one)				
1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending	1 Inpatient 2 ER/	RY 28b. TIM	4 Nursing h	INJURY AT WORK?	8 Other (Specify) 28d. DESCRIBE HO	W INJURY OCCU	RED		
2 Accident Investigation 3 Suicide 6 Could not determined	be 28e. PLACE OF INJ	28s. PLACE OF INJURY - At home farm street factory office				281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)			
CONSTRUCTION CONTRACTOR	HYSICIAN: To the best of my k						l. cause(s) and manner es stated.		
SIGNATURE AND TITLE OF CERT	Mown	70		D 13	848	29d. DATE :	SIGNED (Month, Day, Year)		
Philip A. Wo	ackow lake	DEATH (ITEM 27) (Type		tunice D	VAMC				
SFP 1 9 1001	12. REGISTRAR'S S	BIGNATURE							

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•	HOSPITAL	The state of the state of the state of
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_	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART	MENT OF HEA	LTH AND MEN EATH_	TAL HYGIEN REG. NO.	t -	1 25516		
	1. DECEDENT'S NAME (First, Middle, Last) WILLIE	R. LEI	FTWICH		144	ATE OF DEATH		3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR IF	UNDER 24 HRS. 7. DA	09 17 NTE OF BIRTH	~ / .	91 8:05 P M BIRTHPLACE (State or Foreign		
	223-60-7418		44 YRS.		URS MIN. (A	forth, Day, Year) 2-21-47		Country) VA.		
<u>~</u>	9a. FACILITY NAME (If not institution, give s THE JOHNS HOP			BALITMOR	OCATION OF DEATH		9c. COUNTY			
100	RESIDENCE OF DECEDENT	KIND HODI III	TL	DALITION	CE CIII		DAL.	THORE		
DIRECTOR	10a. STATE 10b. COUNTY	1	1	TOWN OR LOCATION			10d. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER			LIVER SER.	1 ☐ YES 2 🔯 NO					
ER	654 BEL-PRE ROAD)		209	906			.S.A.		
FUNERAL	11. MARITAL STATUS 1. Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 XYES	IN U.S. ARMED	13. WAS DECEND	ENT OF HISPANIC OR Cuban, Maxican, Pua	fGIN? (Specify Yea	or No — 14	RACE — American Indian, Black, White, atc.		
₽	3 Widowed 4 Divorced	IF YES, GIVE WAR OR		1 NES 2 2	NO Specify:	no mean, arc.)		Specify: Błack		
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade	completed)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	rk done during most of	working	16b. KIND OF BUS	INESS/INDUS			
APLE	Elementary/Secondary (0-12) 12th Grade	College (1-4 or 5+)		alesman		Lustine	Miles			
S	17. FATHER'S NAME (First, Middle, Last)				MOTHER'S NAME (Fir			111		
BE (Charlie R. Lef	twich			Bessie			ige		
6	196. INFORMANT'S NAME (Type/Print) Fisher's Watki	no F U		DDRESS (Street and N			n, State, Zip Co	de)		
			b. PLACE AND DATE OF	lson St./			4541			
	20e METHOD OF DISPOSITION 10 Burial 2 Cremation 3 Remote A Donation 5 Other (Specify)		imetery, cremetory or othe Union Ha	Disposition (Name of LI Bapt.	Ch. Cem.		atham,	v or Town, State		
	21. BIONATURE OF FUNERAL SERVICE LIC	ENSEE /			DRESS OF FACILITY		a Litam ,	21202		
	Frace	1/1/4-	Ser.	WM.C. M	ARCH F.H.	1101 E	MART	U ATTENTITE		
	23. PART I. Enter the diseases, prospection of the shock, or heart feiture.	complications that cause	d the death. Do not	enter the mode of	f dying, such ea c	erdiac or reepir	atory erreat	Approximate		
	IMMEDIATE CAUSE (Final disease or condition	Liver +						Interval Between Onset and Death		
	resulting in death)							/WK		
z	DUE TO (OR AS A CONSEQUENCE OF): HEART IT S B									
OLL	Sequentially list conditions, if any, leading to immediate	Vo.	A CONSEQUENCE OF):					2 wks		
SICA	CAUSE (Disease or Injury	C. IMMUA	A CONSEQUENCE OF:	pn				4 yrs		
CERTIFICATION	that initieted events resulting in death) LAST	00E TO (OR AS	A CONSEQUENCE OF):							
S	DART II Other significant and dist									
CAL	PART II. Other eignificant condition	s contributing to death !	but not resulting in	the underlying cer	use given in Pert I	PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO		
MEDICA						1 FES 2	□ NO	OF DEATH?		
								1 TES 2 NO		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE	OF DEATH (Check only	/ one)				
YSI	1 - YES 2 NO	HOSPITAL:		THER: Nursing Home 5	□ Residence 6 □ 0	ther (Specify)				
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WORK?	2 NO 28d. 9	DESCRIBE HOW IN	JURY OCCUR	ED		
ETED 6	3 Suicide 8 Could not be detarmined	28s. PLACE OF INJURY building, etc. (Spe	Y — A1 home, farm, atra ecify)	at, factory, offica	281. L	OCATION (Street ar lity or Town, State)	nd Number or F	Rural Route Number,		
COMPLE	29a. CERTIFIER (Check only one)	CIAN: To the best of my know	viedga, daath occurred s	et fhe lime, deta and p	place, and due to the	cause(a) and mann	ner as stated.			
	296. SIGNATURE AND DITUE OF CERTIFIER		in and/or investigation, i		LICENSE NUMBER	ata and place, and	_	nuse(s) and manner as stated.		
TO BE	30. NAME AND ADDRESS OF PERSON WHO	Zin-	MD	J205/			▶ 9	GNED (Month, Day, Year)		
	DAVID LIM	Johns	SATH (ITEM 27) (Type, PH	ins Ho	spital					

Hospital

Johns Ho 32. REGISTRAR'S SIGNATURE Julia Davidson Randall

MINE 7

Pages 1, 2, 3 should

use as the burial-transit permit.

hours after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for on, or removal. be notified at must examiner medical this certificate has been signed by the attending physician and completely fille with the State Dept. of Health and Mental Hygiene prior to burial, cremation, the HE HÖSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event, traumatic other shows any Injury, Dept. lten. 70 marked, IN THE FUNERAL DIRECTOR: After in the within 72 hours after death IMPORTANT: If Itom 28 is main

BY

COMPLETED

29s. CERTIFIER

TORE AND TOTAL OF CERTIFIES

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONT 9 Bernard Joseph Lowry Sr. 1991 18 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) 1 🛛 M 2 🗌 F 218 18 3985 3/12/1925 Maryland 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1435 Henry Street Baltimore City RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland ====== **Baltimore** 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1435 Henry Street 21230 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Maxicen, Puerto Ricen, atc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced World War II White COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highes (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) 8th Grade Glaze Maker Lock Insulator 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Stephen Lowry Bertha Ferger 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1435 Henry Street Rosemary Lowry Baltimore, Maryland 21230 20e. METHOD OF DISPOSITION
1 \$\infty\$ Burlel 2 \$\infty\$ Cremation 3 \$\infty\$ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 4 Donation 5 Other (Specify) Holy Cross 9-21 Cemetery Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, ehock, or heart fellure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death diseese or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditione, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in deeth) LAST PART-I. Other significent conditione contributing to deeth but not recuiting in the underlying cause given in Part I. MEDICAL 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 - NO resection 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED THE MEDICAL 26. PLACE OF DEATH Check only one) EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER 4 - Nursing Ho 8 - Other (Specify) 27. MANUEL OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED t Matural M 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify) 3 Suicide 6 Could not be 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 4 Homicidi

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 550 North Broadway Baltome 31. DATE FILED (Month, Day, J. REGISTBAR'S SIGNATURE PURIS DAY OF SIGNATURE 9 199

2 MEDICAL EXAMINER: Op the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and mu

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner ee stated.



29d. DATE SIGNED (Month, Day, Year)

'n	cate	Shysi	e pr	
j	certif	ging p	ygien	
DIVISION OF VITAL RECORDS, P.O. B.	O THE HOSPITAL OR ATTEMPT THAT CLAN: The law requires that the death certificate	O THE FUNERAL DIRECTION THIN THE MITTINGS HAS been signed by the attending physic	rtal H	
S	the de	the	Men	
¥	that t	d by	and r	
3	ires	Signe	Health	
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		1 - STATE REGISTRAR			FICATE C	F DEAT	AND MEN H	TAL HYGIEN		1 2:	5518
		1. OECEDENT'S NAME (First, Middle, Las	W.	s w. McClend				ATE OF DEATH	MY .	year 3. TIM	E OF OEATH
		CHARLES 4. SOCIAL SECURITY NUMBER	5. SEX	MCCL 6. AGE (In yrs. lest birthday)		A IF UNDER 2	09	ATE OF BIRTH			48 A M
2		212-34-6709	1 X M 2 - F	53 YRS.	MONTHS DAY			forth, Day, Year) . 2 - 27 - 3		Country)	(State or Foreign
3 should		9a. FACILITY NAME (If not institution, give	e street and number)		96. CITY, TOW	N OR LOCATION	N OF OEATH		_	Y OF OEATH	עוי
2,	DIRECTOR	JOHNS HOPKINS	HOSPITAI	4	BALTI	MORE					
Jes 1,	EC	RESIDENCE OF DECEDENT 10a. STATE 10b. COU	NTY	10c. Cl	TY, TOWN OR LO	CATION				10d. IN	ISIDE CITY
permit. Pages 1,		MD		ВА	LTIMOR	E				LI	MITS? 'ES 2 NO
t perm	ERAL	10e. STREET AND NUMBER	/ENUE			101. ZIP CODE				N OF WHAT CO	
physician. burial-transit	FUNE	2710 BERYL AV		IT EVER IN U.S. ARMED	10 1110	21205			_	S.A.	
physi		1 Never Married 2 🕅 Married	FORCES?	YES 2 NO	II yea	specify Cuban,	, Maxican, Pua Specify:	IGIN? (Specify Yar rto Rican, etc.)	a or No— 1	4. RACE — Ame Black, While,	alc.
as the	р Ву	3 Widowed 4 Divorced				X 110	ороспу.			Specify: BL	ACK
or affi	ETED	15. DECEDENT'S EI (Specify only highest gri	ide completed)		work done during	ATION most of working		16b. KIND OF BU	SINESS/INDUS	STRY	
spital o	1PL	Elementary/Secondary (0-12)	College (1-4 or 5	+)	HOREMA	N					
the hospit detached once.	COMPL	17. FATHER'S NAME (First, Middle, Last)					R'S NAME (FI	st, Middle, Maiden	Surname)		
ed by	BE	JOHN H. McCL	ENON				LA MA				
5 should	2	190. INFORMANT'S NAME (Type/Print) LEOLA MCCLENO	M					IMORE,			
page t pe		20a. METHOD OF DISPOSITION		20b. PLACE AND DATE			-			21205 y or Town, Siet	
director, ger must		1 N Burial 2 Cremation 3 Ra 4 Donation 5 Other (Specify)		ARBUTUS	MEMOR	IAL P	ARK		UTUS		
death. Pag tuneral di I. examiner		21. SIGNATURE OF FUNERAL SERVICE	Wellen	(1)	22. NAME	AND ADDRESS	OF FACILITY			<u>. </u>	
by the fur emoval.		ayın 2.	Veccur		WM.	C.MAR	CH F.	H./110	1 E.	NORTH	H AVE.
executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran to burial, cremation, or removal. matic event, the medical examiner must be notified at once.		23. PART i. Enter the diseases, o ahock, or heart failur iMMEDIATE CAUSE (Final disease or condition resulting in death)	e. List Drily one cau	(OR AS A CONSCOUENCE O	gu	mode of dying	g, auch as o	ardiac or reapi	iratory arrea	in	pproximate iterval Between inset and Death
	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	" h	DUE TO (OR AS A CONSEQUENCE OF):							
th certification of other	ш	CAUSE (Disease or injury that initiated eventa resulting in death) LAST	e. DUE TO	O (OR AS A CONSEQUENCE OF):							
the death y the attend of Mental injury, c	I C	PART ii. Other significant conditi	ons contributing to	death but not reaulting	in the underly	ing cause giv	ven in Part i	24a. WAS AN	AUTOPSY	24b. WERE A	UTOPSY FINDINGS
law requires as been signe Dept. of Healt 23 shows	AN: MEDICAL							PERFOR		OF DEA	BLE PRIOR TO ETION OF CAUSE TH? ES 2 \(\sum \) NO
N: The icate h State I	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO	HOSPITAL:	500	OTHER:	PLACE OF DEA					
SCIAL Certific In the	PHYS	27. MANNER OF DEATH	28a. DATE OF	ER/Outpatient 3 □ DOA INJURY 28b. Tile		ome 5 Residual		ther (Specify) DESCRIBE HDW II	NATION OCCUR	en .	
Mirrh All	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	09/15	ay, Year) IN.	JURY	WORK? YES 2		BJECT 1		НОТ	
要なた当	ED B	3 Suicide 8 Could not b	28e. PLACE O	F INJURY — Al home, larm, etc. (Specify)	street, factory, or	fica	281. 6	OCATION (Street a			nber,
R ATTER				HOME			27		YL AV	ENUE	
TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTO be filed within 72 hours and IMPORTANT: If from 28	COMPL			my knowledge, death occurr xemination and/or investigation						suse(a) and ma	nner as stated.
THE H	BE (200. SIGNATURE AND TINLE OF CERTIF	En /	/		29c. LICEN	SE NUMBER		29d. DATE S	IGNED (Month,	Day, Year)
2 6 8 M	5	00. NAME AND ADDRESS OF PERSON V	VHO COMPTETED CALL	SE OF DEATH ATEN AND	- Seriet	0.0	M.E.		09/	16/91	
30		ELAMO J	85161	7 111 P	ENN ST	REET,	BALT	MORE,	MARYL	AND 2	1201
		SEP 1 9 190	1 Julia	Javason-Randall	6						

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A	REFERE	TO THE FUNERAL DIREC	within 72
	TO THE	TO THE	be filed v
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STATE OF MARYLAND /				HYGIENE
CI	ERTIFICATE (OF DEATH	1	REG NO

	1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT	OF HEALTH AND I	MENTAL HYGIENI REG. NO.	E	20019
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DA	Y YEAR	3. TIME OF DEATH
1	THOMAS McCOR				9-16-	-91	М
	238-40-4437	1½ M 2 □ F 68		YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9 - 8 - 23	8. BIR Cou	ITHPLACE (State or Foreign intry) N.C.
8	99. FACILITY NAME (If not institution, give street UNION MEMORIAL			LTIMORE	EATH	9c. COUNTY OF	DEATH
٦	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY						
DIRECTOR	MD		BALTIN	IORE			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	2542 CECIL AV	ENUE		10f. ZIP CODE 21218		10g. CITIZEN OF	WHAT COUNTRY?
B₹	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1002 YES 2 IN IF YES, GIVE WAR OR DATES	10 It	S DECENDENT OF HISPAN res, specify Cuben, Mexice YES 2 NO Specify	n, Puerto Ricen, etc.)	914	CE — American Indian, ack, White, etc. ecity: BLACK
LED	15. DECEDENT'S EDUCAT (Specify only highest grade co		CEDENT'S USUAL OCC	UPATION	16b. KIND OF BUS	INESS/INDUSTRY	
COMPLET	Elementary/Secondary (0-12) 4 T H	College (1-4 of 5+)	tre kind of work done du Do NOT use retired.)	ng that it working	SPARRO	ws POI	el Corp. NT, MD.
	17. FATHER'S NAME (First, Middle, Lest) SAM ROBINSON			18. MOTHER'S NAI	ME (First, Middle, Meiden S MCCORMIC	Surname)	
) BE	19e. INFORMANT'S NAME (Type/Print)	198	b. MAILING ADDRESS (Street and Number or Rural F	Route Number, City or Town	State Zio Code)	
10	PAULINE MANLEY			Street and Number or Rural F			
	20a. METHOD OF DISPOSITION 1 XI Burlel 2 Cremetion 3 Remove 4 Donetion 5 Other (Specify)	al from State	MISON PEOPLE	EST VA CE	M. OWI	NGS MI	LLS, MD
	21. SIGNATURE OF FUNERAL SERVICE LICEN			ME AND ADDRESS OF FAC		-	
	I awn 2.	Williams		C.MARCH F			RTH AVE.
	23. PART i. Enter the diseases, or cor ehock, or heart fellure. Lis	mplications that caused the dest only one cause on each line	eth. Do not enter th	e mode of dying, such	aa cerdlac or reapir	atory arrest,	Approximata Interval Between
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	PROBABLE	ACUTE	PULMONAR	4 EMBO	LUS	Onset and Death
z	C .	DUE TO (OR AS A CONSECUENCE OF TO (OR AS A CONSE	DUENCE OF): DUEP VEIN	THROMB	PHLIBITI	C	
CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEC	OUENCE OF):				
FIC	CAUSE (Disease or Injury thet initieted eventa	DUE TO (DR AS A CONSEC	DUENCE OF):				
ERT	resulting in death) LAST						
CAL C	PART II. Other algnificent conditions of	contributing to death but not re	esulting in the unde	riying cause given in !	Pert i. 24a. WAS AN	WTOPSY 2	Ab. WERE AUTOPSY FINDINGS
	HYPURTUNSIVE	CARDIO VASCUL	AR DIS	FASE	PERFORM	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI	CEREBRIVASCULA	R DISMALE					OF DEATH? 1 YES 2 NO
AN	PARKINSON'S 25. WAS CASE REFERRED TO MEDICAL	DISCALE					
PHYSICIAN	EXAMINER?	IOSPITAL: Inpatient 2 ER/Outpatient 3	OTHER:	28. PLACE OF DEATH (Che			
H.	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME OF 28	Home 5 Residence	8 Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURED	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Dal. Year)	INJURY	WORK?		-	
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At hos building, etc. (Specify)	me, ferm, street, tactory	, office	28f. LOCATION (Street er City or Town, Stete)	nd Number or Rura	l Route Number,
2E	29e. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowledge, dea	ath occurred at the time	ridge and place, and due	to the course(s) and more		
COMPLETED	one) 2 MEDICAL EXAMINER: (On the basis of examination end/or is	nveatigation, in my opin	ion, death occured at the t	time, date end piece, end	due to the couse	(e) end menner ee stated.
TO BE (294 SIGNATURE AND THE OF CETURE	oly D. M. D	·.	29c. LICENSE NUM D-194	125	29d. DATE SIGNE	D (Month, Day, Year)
-	3014 EDGEW	ONPLETED LYOSE OF DEATH (ITEM	A 27) (Type, Print)	BALTO M	D. 212	34	11-23
	SEP 19 1991	32 REGISTRAR'S SIGNATURE GUILLE DAVIDSON-ROY	delle	10,1			

THE STATE OF THE S

BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician,	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	IN THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the -be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF HEALTH AND CATE OF DEATH	ND MENTAL HYGIENE	
	1. DECEDENT'S NAME (First, Middle, Last)				2 DATE OF OFATH	3. TIME OF OEATH
1	FLORENCE 4. SOCIAL SECURITY NUMBER	M.		1OCK	MONTH DAY	
	217 12 3235	5. SEX 6. AGE		F UNDER 1 YEAR IF UNDER 24 H ONTHS DAYS HOURS M	(Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give		90	b. CITY, TOWN OR LOCATION (9-13-1901	Maryland
E E	NORTH ARUNDEL			GLEN BURN		A.A. COUNTY
5	RESIDENCE OF DECEDENT					
NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Anne Arundel Baltimore 10c. STREET AND NUMBER						10d, INSIDE CITY LIMITS?
						1 TES 2 NO
GOO FOUNDAILL Don't						10g. CITIZEN OF WHAT COUNTRY? U.S.A.
S	11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMEO		ISPANIC ORIGIN? (Specify Yes	
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES		If yes, specify Cuban, M 1 ☐ YES 2 M NO S	axican, Puarto Rican, etc.)	Black, White, etc. Specify:
						White
COMPLETED	15. OECEOENT'S EOU (Specify only highest grade	e completed)	16a. OECEOENT'S US (Give kind of wor life. Do NOT use	k done during most of unching	16b. KINO OF BUSI	NESS/INDUSTRY
P. E.	Elementary/Secondary (0-12) 12th Grade	College (1-4 or 5+)				
No.	17. FATHER'S NAME (First, Middle, Last)		Housewi		Home M S NAME (First, Middle, Malden S	
l w	I	Frank Matthew	S		ina	urnamej
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A		Rural Route Number, City or Town,	State, Zip Code)
F	Lillian Mock			ernhill Road		Maryland 21226
	20a. METHOO OF DISPOSITION 1 N Burlal 2 Cremation 3 Rem	noval from State 20th	PLACE ANODATE OF	DISPOSITION (Name of		ATION — City or Town, State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	G	len Haven	Memorial Par	k 9-19 Gle	n Burnie, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	/	22. NAME AND ADDRESS O	FACILITY Conce Funeral	
- 1	Sman M	manue	ouski	4001 Ritchi	e Hwy. Baltin	more, Md. 21225
	23. PART I. Enter the diseases, or shock, or heart feilure	complications that caused List only one cause on a	the deeth. Do not	enter the mode of dying,	such as cardiac or respire	story srrest, Approximate
1 1	IMMEDIATE CAUSE (Final		41	^		11 - Interval Between Onset and Death
	disesse or condition resulting in deeth)	· prota	or c	angras	angus	times winted
	DUE TO (OR AS A CONSEQUENCE OF):					
§	Sequentially list conditions, if any, isading to immediate	DUE TO JOR AS A	DONSEQUENCE OF:	1	, 0	Ama
\¥	cause. Enter UNDERLYING	· New	Krent	aspens	tun Dr	and down
Ē	CAUSE (Disesse or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	01	1/2	i lugar
CERTIFICATION	resulting in death) LAST	· /lea	ment	cerelo	ovadrila	Acceptant
Lo	PART II. Other significant condition	ns contributing to death b	ut not resulting in	the underlying cause plyer	n in Part I. 24s. WAS AN A	COURSES AND MANUAL MANU
S				and given	PERFORM	ED? MARLABLE PROB TO
MEDI					1 □ YES 2 [OF DEATH?
=						1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH	(Check anly ane)	
YSI	T YES 2 NO	HOSPITAL: 1 ☐ Inpetient 2 ☐ ER/Outp		THER: Nursing Home 5 Residen	nce E C Other (Specify)	
F	1 Death S Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME C	F 28c. INJURY AT WORK?	28d. DESCRIBE HOW INJ	URY OCCURED
B	2 Accident Investigation	V. 10.00 (1.	2005807	₩ 1 ☐ YES 2 ☐ NO	0%	
	2 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUSTY building, etc. (Spec	- At home, farm, stre	et, factory, office	28f. LOCATION (Street and City or Xwen, State)	d Number or Hurel Route Number.
4	200 CENTIFIED					
COMPLETED	(Check only	ICIAN: To the best of my knowl	edge, death occurred	t the time, data and place, and	due to the cause(s) and mann	er as stated,
8			and/or investigation,	n my opinion, death occured at	t the time, data and place, and	due to the cause(a) and mannar as stated.
핆	290, MENATURE AND TITLE OF CENTIFIED	" Nh . 1	1/ 10	29c. LICENSE	NUMBER CI O	29d. DATE SIGNED (Month, Pay, Year)
2	36 NAME AND ADDRESS/OF PERSON WH	O COMPORTED CAUSE DE OF	TH UT M 27 CT	1 1 1	16.	1 9 16 9
	SKAR			ŘE-ANNAP. BLY	VD./PASADENA,	MD. 21122/
	SEP 19 1991	Julia Davidson	Handell.			

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a visual death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	HIII	ICAIL	UF	DEALL		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	EAI	RT.		MATT	VEH	ıs	2. DATE OF MONTH	DEATH DAY 27/9		YEAR	3. TIME OF DEATH 5:23 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	a beliebeden il	IF UNDER 1 Y		IF UNDER 24 HRS.	7. DATE OF		<u> </u>		LACE (State or Foreign
	219 22 2177	1 M 2 D F	6. AGE (III yrs. III s	YRS.		AYS	HOURS MIN.	(Month, I	Day, Ybar) 1-1927	,	Country)	
	9e. FACILITY NAME (if not institution, give street and number)			9b. CITY, TO	OWN O	LOCATION OF D	EATH		9c. COUN	NTY OF DE	ATH	
۳ ا	Francis Scott Key Hospital			Balt	imo	ro				20.0		
6	RESIDENCE OF DECEDENT	cy nospi	CUL	_	Dare	EIIIO	16				na	
E I	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR	LOCATI	ON					10d. INSIDE CITY LIMITS?
DIRECTOR	MD	na		20	000 0	'De	ll Aven	ue I	Baltin	nore		
ا بر	10e. STREET AND NUMBER					10f.	ZIP CODE			10g. CITI	ZEN OF WI	HAT COUNTRY?
FUNERAL	2000 O'Dell Av	enue	-									
5							14. RACE	American Indian, White, etc.				
B	3 Widowed 4 Divorced				ı							Didek
COMPLETED	15. DECEDENT'S EDU		16a. DE	CEDENT'S	USUAL OCCI	JPATIO	N L of working	16b. F	CIND OF BUS	INESS/INC	USTRY	
<u>.</u> I	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	- Iife	. Do NOT u	se retired.)	ing mos	t or working					
٦ ١	Elemental y decorder y (dela)		"									_ 0
ΣI	17. FATHER'S NAME (First, Middle, Last)						18, MOTHER'S N	AME (First Min	ridie Maiden	Sumame)		
	II. PALITED & PARKE (FIRST, MINUTE, CERT)						10, 100 1110 10	came (r not, ton	sure, wanter			
B												
ဥ	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	G ADDRESS (S	Street a	nd Number or Rura	I Floute Numbe	r, City or Town	, Statu, Zip	(Code)	
F												
	20a. METHOD OF DISPOSITION		20b. PLACE other po	OF DISPO	SITION (Name	of cen	elery, crematory or	3	20c. LOC	CATION —	City or Tow	rn, State
	1 Buriel 2 Cremetion 3 Rem	in state	Other po	ace)								
- 1	21. SIGNATURE OF FUNERAL SERVICE LI	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	ld Wade,	D4	22. NA	ME AN	O ADORESS OF F	ACILITY	1			-
- 1		A Roua.	id wade,	Dir				St	ate A	nator	ny Bo	ard
	/ Sommer !	11/000	uc	-	6.5	55	W.Baltin	more S	t Ba	lto.	MD 2	21201
1	23. PANT I. Enter the diseases, or shock, or heart fellure.				not enter th	ne mo	ds of dying, su	ich ss cerdi	ac or respi	retory an	rest,	Approximats interval Batwesn
	IMMEDIATE CAUSE (Final	0.	2							oneet and		Onset and Death
	disease or condition resulting in death)	· PN	241401	V14								UNKNOWN
	disease or condition resulting in death) s. PNEUMONIA DUE TO (OR AS A CONSEQUENCE OF):								C			
z		1 LUN	O (OR AS A CONSE	PR								6 40 NTERS
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE X	OR AS A CONSE	OUENCE (OF):							
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	c										
Ē	that initiated events	DUE TO	O (OR AS A CONSE	OUENCE	OF):							
H	resulting in death) LAST	d										
S												
	PART II. Other significant condition	ns contributing t	o death but not	resulting	in the und	erlyin	g cause given i	in Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL									1 TYES 2	NO		COMPLETION OF CAUSE OF DEATH?
												1 YES 2 NO
												1 100 2 100
PHYSICIAN:												
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:		ACE OF OEATH (Check only one)			
S	1 YES 2 NO		☐ ER/Outpetient	3 🗆 DOA			e 5 🗆 Residenc	e 8 🗆 Other	(Specify)			
Ŧ	27. MANNER OF DEATH	26e. DATE C	Der, Year)	28b, TI	ME OF 2		URY AT	28d. DE\$	CRIBE HOW I	NJURY OC	CURED	
	1 Netural 5 Pending		Day, Toury	1	M		YES 2 NO					
ВУ	2 Delete	28e. PLACE	OF INJURY At h	ome, farm	, atreet, factor	y, offic	•	26f. LOCA	TION (Street	end Numbe	or Rural F	Route Number,
E	4 Homicide determined	building	g, etc. (Specify)					City o	or Town, State)			
Ш												
చ	29e. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best	of my knowledge, o	leath occu	rred at the tim	ne, date	end place, end d	lue to the ceu	se(s) end ma	nner as at	ated.	
COMPLET	one) 2 MEDICAL EXAMIN	IER: On the basic of	examination end/o	r investiga	tion, in my op	Inlon, d	leath occured at t	the time, date	end place, e	nd due to	the ceuse(r	s) end manner es steled.
	296, SIGNATURE AND TITLE OF CERTIFI	EB A					29c. LICENSE N	HIMBED		294 DA	TE SIGNED	(Month, Day, Year)
H	1 /	160	1 man				7	17 6	1	1	3/11	10,
0	11000 UC L	com	120				UL	047	/	1	1111	7/
-	30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CA	USE OF DEATH (IT	EM 27) (Ty)	oe, Print)							
	DR. ROSS ABRA	AMS	DEPT 1	RADIA	TION-	ONC	OLOGY	JHH 60	00 N.	Wolf	e St	21205
	31. DATE FILED (Month, Day, Year)	# 32. REGIST	RAR'S SUNATURE									
	DFL(7(3)33)	gulla would	Parks Manager									- 1

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	IEALTH AND	MENTAL HYGIE		23322
	1. DECEDENT'S NAME (FIRST, MIDDIN, LAST) CHARLES	CHARLES	EUGENE	MERIT		2. DATE OF DEATH MONTH	9-16-	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 578 03 9293 9a. FACILITY NAME (If not institution, give	1 M 2 - F	n yrs. last birthday) 78 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7-23-191	6	BIRTHPLACE (State or Foreign Country) Illinois
DIRECTOR	Sinai Hospital				IMORE		9c. COUNT	OF DEATH N//A
	10a. STATE 10b. COUNT	na na		y, town on Locat ltimore	ION			10d, INSIDE CITY LIMITS? 1/2 YES 2 NO
FUNERAL	100. STREET AND NUMBER 4057 the Alam 11. MARITAL STATUS				. ZIP CODE	21218		N OF WHAT COUNTRY?
ВУ	1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DAYES 1943-45	2 NO	II yes, spi	ENDENT OF HISPA Holfy Cuben, Maxic 2 NO Speci	NIC ORIGIN? (Specify an, Puarlo Rican, etc.)	Yea or No- 14	RACE — American Indian, Black, Whita, atc. Specify: White
COMPLETED	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12)	UCATION e completed) College (1-4 or 5 +)	(Give kind of v	usual occupation work done during mode retired.)	st of working		more Ci	
	17. FATHER'S NAME (First, Middle, Lest) DON COOLEY ME	7010				AME (First, Middle, Maid	en Sumame)	•
TO BE	19a. INFORMANT'S NAME (Type/Print) Clara C Merit			ADDRESS (Street at	nd Number or Rural	LA CHILD N	Own, State, Zip C	SH ode)
	20a. METHOD OF DISPOSITION 1	noval from Stata ceme	PLACE AND DATE Of the stery, crematory or of	OF DISPOSITION (Name ther place)	me of	DATE 20c.	LOCATION — CIE	y or Town, State
	21. SIGNATURE OF PUNERAL SERVICE LI	Ronald Wa		- 1	Baltimo	State re St, Ba	Anatom	y Board 21201
	21 PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	APNEA	cii iine.		de of dying, suc	ch as cardlec or rea	piratory arres	t, Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa reaulting in death) LAST b. METASTATIC LUNG CANCER DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):							
MEDICAL CE	PART II. Other significant condition	a contributing to death bu	it not resulting l	n the underlying	cause given in	Part i. 24e. WAS A PERFO	DRMED?	24b. WERE AUTOPSY FINDINGS AARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		26. PL/	ACE OF DEATH (Ch	eck anly ane)		
ву рнуз	27. MANNER OF DEATH 1. Netural 5 Pending 2 Accident Investigation	1 Delinpettant 2 ER/Outper 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJU	IRY AT	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUP	ED
	3 Suicide 8 Could not be determined	28e, PLACE OF INJURY - building, atc. (Specif	At home, farm, si	treet, factory, offica		28I. LOCATION (Stree City or Town, State	t and Number or	Rural Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of my knowle	dge, death occurre	d at the lime, date in	and place, and due ath occured at the	to the cause(s) and m	anner as stated.	avae(s) and manner as stated.
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUR	MBER	29d, DATE SI	GNED (Month, Day, Year)
		Moan.	A. Po	Print) VMOM	~			
	SEP 1,91991	Je. REGISTRAN'S SIGNAL	We dodn					

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	Pages		
THE THOUGH AND THE DOMESTING THE STATE OF THE	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages		
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	After	death	E ma
AL LEVIN	CIOR:	after	28 1
200	DIRE	hours	item
2	VERAL	hin 72	VT. M
2	是 記	a with	MPORTANT: if item 28 is marked, or item 23 shows any injury or other traumatic event the medical examiner much he motified at once
2	0 1	e file	MP

91 25523 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Matthews Annie J. MAHHEL YEAR 91 HANIE 7:35 AH 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) a. BIRTHPLACE (State or Foreign 14-26-0844 1 M 2 F 60 MAHIAND 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH UNIVERSITA RESIDENCE OF DECEDENT BALLIMORE FUNERAL DIRECTOR 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BAltimore Ary LANG YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 902 21215 30 E 0 514 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 THO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Merried If yes, specify Cuben, Mexican, Puerto Rican, atc.)

1 YES 2 10 Specify: ВҰ Black 3 Widowed 4 Divorced Specify: COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highe 16b. KIND OF BUSINESS/INQUISTRY Elementary/Secondary (0-12) College (1-4 or 5+) Domestic 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sur AUGHN FHEDERICK lian Mc BE 190. INFORMANT'S NAME (Type/Print) 19b. MAILINO AOORESS (Street and Number 2 5m, 6 2923 Jorfolk 3A/4 Burlel 2 Cremetion 3 Rem 20b. PLACE AND DATE OF DISPOSITION (Name of 92091 20c. LOCATION - City of EST CATALANA Donation 5 - Other (Specify) DIN MAZ 21. SIGNATURE OF THE ERAL SERVICE LICENSES 22. NAME AND AGORESS OF FACILITY . Gilmor Cha VAMISFH. BALTINGE NO 1515 23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrast, Approximata shock, or haart failure. List only one cause on each line. ntarval Batween IMMEDIATE CAUSE (Final Onsat and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): 6days Sacral downiti / Urinary tract infection CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate End other rend disease cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST Diabetes Mellitus PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Propertient 2 ER/Outpettent 3 DOA OTHER: 1 YES 2 NO 4 - Nursing He 5 🗆 Residence 6 🗀 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Naturel 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, Ierm, etreet, lactory, office building, atc. (Specify) 3 Suicide COMPLETED 8 Could not be 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide determined 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the beel of my knowledge, death occurred at the time, dete end place, end due to the cause(e) and menner se stated. 2 MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occurred at the time, date end placa, end due to the ceuse(s) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNEO (Month, Day, Year)

of Maniand

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STATE SEGNATURANTE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

anzkro

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1991

31. DATE FILED (MG



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19/16/91

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAI CERTIF	TMENT	T OF H	EALTH AND DEATH	MENT	AL HYGIEN		91	25	524
	1. DECEDENT'S NAME (First, Middle, Last) DONALD	THOMAS			NGO		2. DAT	E OF DEATH		3. 1 YEAR 1	0:3	EATH P
	4. SOCIAL SECURITY NUMBER		yrs. lest birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DAT			BIRTHPLAC		- 1
	267-17-0172	1X M 2 □ F 37	7 YRS.	MONTHS	DAYS	HOURS MIN.		nth, Day, Year)	1954	Wash		
OR	90. FACILITY NAME (If not institution, give street end number) HOME-815 THAYER AVENUE #430 SILVER SPRING MONTGOM											
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	TY	10c CII	Y, TOWN (
DIR	Maryland Mon	tgomery				oring					LIMITS?	
RAL	10e. STREET AND NUMBER					ZIP COOE			10g. CITIZE	N OF WNAT		-
FUNERAL	835 Thayer A	12. WAS DECEDENT EVER IN	U.S. ARMED	13.	WAS DECE	ENDENT OF NISP	ANIC ORIG	IN2 /Smalle, Va		ted		
B	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 TYES IF YES, GIVE WAR OR DAT	2 XNO ES		If yes, spe	city Cuban, Maxi- 2 X NO Spec	cen, Puerlo	Rican, etc.)	O NO	Black, Wh		idian,
ij	15. DECEDENT'S EDU (Specify only highest grade	e completed)	16a. DECEDENT'S (Give kind of life. Do NOT u.	USUAL Of	CCUPATION during mos	N I of worlding	16	6. KIND OF BU	SINESS/INDUS	TRY		
COMPLETED	Elementary/Secondary (0-12)	3 Years	Recru					М.,	C.I.			
	17. FATHER'S NAME (First, Middle, Last)					18. MOTNER'S N	AME (First		_			
8E	George W. Mi 190. INFORMANT'S NAME (Type/Print)	ngo, Jr.	19b. MAIL ING	ADDRESS	(Street on	Jos d Number or Rura	rce	Edwar	ds			
9	George W. Ming	o. Jr.				et, S					_	
	20a. METNOD OF DISPOSITION 1 Description 2 Cremation 3 Rem	noval from Stata 20b. F	PLACEANDDATE	OE DIEBOR	TIOM /Alas	20.00		00-10				
	4 Donation 5 Other (Specify)	CENSEE O.	incoln	22.	NAME AND	D ADDRESS OF F	ACII ITV			d, M	ary.	land
	Lohm .	atternat	. 111			art Fi Bennir				1-		
	23. PART . Enter the diseases, or ehock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	COCAINE IN BUE TO (OR AS A C	TOXICAT	ION	the mod	e of dying, au	ch as ca	rdiec or reepi	retory erree	t,		mate Between and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
ICAL	PART II. Other eignificent condition	s contributing to death but	not reaulting	n the un	deriying	cause given in	Part i.	24a. WAS AN PERFOR 1 D YES 2	MED?	AWAIL	E AUTOPSY ABLE PRIC PLETION O EATH?	
2										1 🗆	YES 2] NO
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER		CE OF DEATH (C	heck only o	ne)				
HYS	27. MANNER OF DEATN	1 Inpatient 2 ER/Outpet	lent 3 DOA	4 🗆 Nurs		XIXResidence						
ВУ Р	1 Netural S Perming	(Month, Day, Year) UNKNWON		URY	WOR	K?		SCRIBE NOW IF		IED		
	2 Accident 3 Sulcide 8 Could not be building, etc. (Specify) 4 Nomicide 8 Could not be building, etc. (Specify) 28a. PLACE OF INJURY — At home, ferm, streat, factory, office city or fown, state) 281. LOCATION (Street and Number or Rural Route Number. City or fown, state) 281. LOCATION (Street and Number or Rural Route Number. City or fown, state)									NUE		
COMPLETED	29a. CERTIFIER Chack only 1 CERTIFYING PHYSI	CIAN: To the best of my knowled R: On the basis of examination of	ige, death occurre	nd at the th	me, date e	nd place, end du	to the ca	use(s) end man	ner as stated.	euse(s) end	manner es	steled.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE		1		-	29c. LICENSE NU			29d. DATE SI			
2	35 DAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE)	0./		OCMI	-		09	11		1991
	MAKEN LOC	KE MA)	111		NN S	TREET	BA	LTIMO	RE,MA	RYLA	ND20) 1
100	31. DATE FILED (Month, Day, Year)	32. REDISTRATE SIGNAT	HDC									

Andready Control

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

USA

1 YES 2 XNO

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24b. WERE AUTOPSY FINDINGS

AMAILABLE PRIOR TO COMPLETION OF CAUSE

1 TYES 2 NO

Approximeta Interval Between

DAY

White

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6. BIRTHPLACE (State or Foreign

Pages 1, 2, 3 should

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must examiner medicai the other traumatic event, 6 injury. is certificate has been signed by the tith the State Dept. of Health and I ed., or Item 23 shows any in marked, with t DIRECTOR: After the hours after death w

DIVISION OF VITAL

CERTIFICATION

MEDICAL

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TO THE HOSPITAL OR AT TO THE FLINERAL DIRECT THE WITHIN 72 HOURS A

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 1991 TOAY ORRES FMF:RY MTNAR 19 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year 5. SEX 6. AGE (In vrs. lest birthdev) IF UNDER 1 YEAR IF UNDER 24 HRS. 1921 Washington, DC DAYS 1 X M 2 T 70 577-26-3576 March 11 9c. COUNTY OF DEATH 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATN Olnev Montgomery General Hospital Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Montgomery Brinklow 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20010 New Hampshire Avenue, 20727 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Pu 1 Never Married 2 N Married 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Flementary/Secondary (0-12) College (1-4 or 5+) Newspaper Delivery 12 Newspaper 0 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Surname) ORRIS FRANK MINAR MARY J. MOORE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) Michael Orris Minar Pinebrook Court, Silver Spring, Md. 20905 20s. METHOD OS DISPOSITION
1 □ Burial 2 □ Cremation 3 □ Ramoval from State
4 □ Donation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State DATE Metropolitan Crematory Alexandria, Virginia 9/13 21, SIGNATURE OF FUNERAL SERVICE LICENSHIP 22. NAME AND ADDRESS OF FACILITY mure Muriel H. Barber Funeral Home P. O. Box 5038, Laytonsville, Md. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, shock, or heert failure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sepsis

Due to (or as a consequence of): PNEUMONIA Sequentielly liet conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING Multiple Sclevosis
DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other significant conditions contributing to death but not requiting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 1 | YES 2 1 NO

25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 300 15 Inpetient 2 - ER/Outpetient 3 - DOA ng Home 5 - Residence 8 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d, OEŞCRIBE NOW INJURY OCCURED Natural Natural 5 Pending 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in	my opinion, death occured at the time, data and p	elace, and due to the cause(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER Which has the second secon	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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	Olney	Olney MI

Pulia Davidson Randelle 1-60

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I OF VITAL RECORDS,	
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the fleath engine and the fleath engine that the fleath engine the fleath engine the fleath engine the fleath engine that the fleath engine that the fleath engine the fleat	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should have signed within 27 hours after neath with the State Dest, of Health and Merital Horiese prior to burial, cremation, or removal.	INDODORATE Her Se marked to tem 23 shows any injury or other trainfle event the medical examiner must be notified at once.
2	63	2

FOR STATE REGISTRAR		STATE OF N			TMENT OF	HEALTH AND		H YGIEN REG. NO.	_	9	25	120
1. DECEDENT'S NAME (First, I				CERTIF	nce	DEATH	2. DATE OF MONTH	DEATH	AY	YEAR	3. TIME OF DEA	
4. SOCIAL SECURITY NUMBE 104-30-8	377	Mari 5.SEX 1∭M2□F	6. AGE (In yrs.	lest birthdey) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		BIRTH lay, Year)	06	Count	NY	
34 ELLA NE (If not institute of DECI	PAris	reet and number)			-	OR LOCATION OF D	EATH		Be. COUN		timoro	>
10a. STATE Maryland	10b. COUNTY	Balto.		10c. CIT	Y, TOWN OR LOC						10d. INSIDE CIT LIMITS? 1 YES 2	
100. STREET AND NUMBER 2300 Dula						or. ZIP CODE	24		10g. CITIZ		WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Nover Married 2	Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	IT EVER IN U.S.	. ARMED	If yes, s	ECENDENT OF HISPA specify Cuben, Mexic S 2 NO Speci	NIC ORIGIN? (Specify Yes	a or No-	14. RAC Blac Spec		lan,
15. OECE (Specify only	EOENT'S EOUG highest grade	completed)		. DECEDENT'S (Give kind of a life. Do NOT us	USUAL OCCUPATI work done during in se retired.)	TION nost of working	16b. Ki	IND OF BU	SINESS/IND	Whi ustry	te	
Elementary/Secondary (0-		College (1-4 or 5	+)		memaker	_			Own Ho	ome		
17. FATHER'S NAME (First, Mic	ames	Weir					aret 1	Byrne				
19a. INFORMANT'S NAME (Ty	/pe/Print)			19b. MAILING	ADDRESS (Street	end Number or Rural			vn. State, Zip			
Rev Shaun W		arty S.T				pshire A				_		03
Resy Shallin in 20s. METHOD OF DISPOSITION 1 Special 2 Crampation 4 Donation 5 Other (21. SIGNATURE OF FUNERAL	ON on 3 🗆 Remo (Specify)	oval from State	20b, PLA of ceme	ACE ANO DAT	e of disposition or other place) Heaven 22. NAME	N (Name Cemetery AND ADDRESS OF F	DATE 9/18/9 ACILITY	20c. L0 91 5 1050	Silve York	City or To C Sp Rd.	own, Slate	
20a. METHOD OF DISPOSITION 1 Grant 2 Grant 2 4 Donation 5 Other 21. SIGNATURE OF FUNERAL MALU 23. PART I. Enter the dis	ON 3 Remi (Specify)	complications the	20b. PL of came Co	ACE ANO DATI	e of disposition or other place) Heaven 22. NAME Ruck not enter the m	N (Name Cemetery AND ADDRESS OF F	9/18/9 ACILITY Funeral	20c. L0 91 9 1050 1 Hon	Silver York me, In	Rd.	own, Slate	d .
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20a. METHOD OF DISPOSITION 1	issesses or central failure.	complications the DUE TO DUE TO d.	20b. PLI of come CG:	death. Do dine.	E OF DISPOSITION OF other place) Heaven 22. NAME Ruck not enter the n	Cemetery AND ADDRESS OF F TOWSON I Toda of dying, su	DATE 9/18/4 ACILITY Funera. /u.R.E	20c. LO 91 S 1050 1 Hon c or reap	CATION - CELL COLOR COLO	Rd.	oring, M 21204 Approximation	nate Setwee d Dear
20a. METHOD OF DISPOSITION 1	issesses, or ceart failure. Idona, diate inig	complications the List only pna care but to be t	et coused the use on aach of OR AS A CONDO O	death. Do dilina.	E OF DISPOSITION OF other place) Heaven 22. NAME Ruck not enter the m eart Fr: In the underlying 26.	N (Name Cemetery AND ADDRESS OF FI TOWSON I mode of dying, su	DATE 9/18/ ACILITY Funera. ch as cardia I L L E	20c. LO 91 S 1050 1 Hon c or reap	CATION - CELL COLOR COLO	Rd.	Approximinterval interval inte	d Dear Finding R TO CAUSE
20a. METHOD OF DISPOSITION 1	issesses, or ceart failure. Idona, diate inig	complications the List only pna care pue to be pue to be pue to d. HOSPITAL: 1 Inpatient 2 28s. DATE OF	20b. PLD of come of come of course on aach of control o	death. Do dina. death. Do dina. NSEOUENCE O	E OF DISPOSITION OF OTHER: 4 Nursing He de CF 28c. I JURY 12 - 26c. I JUR	N (Name Cemetery AND ADDRESS OF FI TOWSON I AND ADDRESS OF FI TOWSON I	DATE 9/18/4 ACILITY Funera. Ch as cardia /// L E In Part i. 2 Check only one) 8 © Other (6)	20c. LO 91 S 1050 1 Hon c or reap	CATION - CELL COLOR COLO	r Sp Rd. Rd.	Approximinterval interval inte	nate Setwee d Dear
20a. METHOD OF DISPOSITION 1 GRANT 12 Competition of the competition o	iseases or ceart failure. Idona, dilate iNG irry T O MEDICAL Pending	DUE TO DUE TO HOSPITAL: 1 Inpatient 2 28a. DATE O (Month, insert of the control of the con	20b. PLD of come of co	death. Do diline. A death. Do diline. ANSEOUENCE OF THE CONSECUENCE	E OF DISPOSITION OF OTHER: 4 Nursing He de CF 28c. I JURY 12 - 26c. I JUR	IN (Name Cemetery AND ADDRESS OF RETOWSON I TOWSON I	DATE 91/18/1 ACILITY Funera. ch as cardia I L L E In Part I. 2 Check only one) 8 Other (3 28d. DESCR	20c. LO 91 S 1050 1 Hon c or reap	YORK NE, In Inautopsy RMED? 2 NO	COURED COURED	Approximinterval interval inte	nate Setwee d Deal
20a. METHOD OF DISPOSITION 1 GRANT 12 Competition of Control of Co	ISON 3 Reministry Remi	DOWN STATE COMPINED TO THE TO	20b. PLD of come of co	ace and DATI Itery, cremetory The Off a death. Do a line. NSEOUENCE O	E OF DISPOSITION OF other place) Heaven 22. NAME Ruck not enter the m Cart First First Rick Rick	IN (Name Cemetery AND ADDRESS OF RETOWSON I TOWSON I	DATE 91/18/4 ACILITY Funera. ch as cardia /// LE E n Part i. 2 check only one) 8 Other (1) 28d. DESCI 28f. LOCAT City or	20c. LO 91 S 1050 1 Hon c or reap 44a. WAS AP PERFO 1 YES: Specify) RIBE HOW	YORK NO. INJURY OCCURRENCE STANDARD OCCURRENCE OCCURREN	Rd. Rd. Rest,	Approximinterval interval inte	FINDINGS R TO CAUSE

uda 2300 Dulaney Valley Rd. Towson Md 21204

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within equirs after death. Page 6 may be retained by	AL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should b	72 hours after death with the State Dept. of Health and Mental Hydlene prior to burlal, cremation, or removal,

IMPORTANT: If item 28 is marked, or item 23 shows any inju O BE COMPLETED BY PHYSICIAN: MEDICAL	X Velocities	28s. PLACE OF INJUR	RY — Al home, farm, str ecily)	M 1 [:0	City	ATION (Street and Number or Town, State)		te Number,
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27, MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 8 Neelder				6 🗆 Othe		CURED	
: MEDIC	PART II. Other eignificant conditi	one contributing to death	but not resulting in	the underlyin	g cause given in	Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	Al Co	ERE AUTOPSY FINDING MILABLE PRIOR TO OMPLETION DF CAUSE F DEATH? YES 2 NO
AL CERTIFICATION	Sequantially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR AS	A CONSEQUENCE OF):	Abo up do dulo		Deat 1		Tan w	
	shock, or heart failure IMMEDIATE CAUSE (Final disease or condition reaulting in death)	8	anch lina. C Squamous A CONSEQUENCE OF):	s Cell	Carcinom	a of	the Lung		Interval Between Onset and Das 6 month
	21. SIGNATURE OF FUNERAL SERVICE 23. PART I. Enter the disesses, o	A. Cypromplications that cause	ed the dasth. Do no	1701	McCol:	loug	atman & I	lto,	S F.H. 21217
must be	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	moval from State	Woodlaw	ion (Name of cer	metery, cremetory or etery		Balto	City or Town	, State [d •
TO BE	19a. INFORMANT'S NAME (Type/Print) Evelyn Parhan				and Number or Rural i	Route Numi	per, City or Town, State, Zir alto, Md		15
COMPL	17. FATHER'S NAME (First, Middle, Lest) William Parha	ı m	1			ME (First, I	Middle, Melden Surname)		2
LETED	15. DECEOENT'S ED (Specify only highest grade Elementary/Secondary (0-12)		18a. DECEDENT'S US (Give kind of wor life. Do NOT use Indepen	k done during mo retired.)	ost of working	-	Messange		ıpanv
BY FUNERAL	3300 W. Rogers 11. MARITAL STATUS 1 Never Married 2 Natural 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 12 YES	2 NO	If yes, sp		n, Puarto F	? (Specify Yea or No— Rican, etc.)		American Indian, thite, etc. Black
	Md . 10e. Street and number		10c. C114,		Ba. ZIP CODE		more 10g. citi	ZEN OF WHA	d. INSIDE CITY LIMITS? YES 2 NO T COUNTRY?
DIRECTOR	3300 W. ROGET RESIDENCE OF DECEDENT 108, STATE 108, COUN			TOWN OR LOCAT	Baltimo	re		140	A MODE OF
	229-34-4407 9a. FACILITY NAME (If not institution, give	1 🔀 M 2 🗆 F	59 YRS.	ONTHS DAYS	HOURS MIN.	(Month	Dey. Year) -10-31	Country)	ginia
	McKinley Parhar 4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.		-16-91 DE BIRTH	YEAR	11:15 ACE (State or Foreign

Dorothy A. Snow, M.D. 3900 Loch Raven Blvd., Baltimore, Md 21218
31. DATE FILEO (Morth, Day, Veer)

SEP 18 1991

Julia Davidson Agnass

HEDE WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

TO THE HOSPIGAL OR ATENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEQAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72-mours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

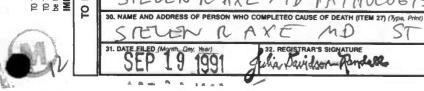
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA	ENT OF HEALTH	AND MENT	AL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last,				2, DA	TE OF OEATH		3. TIME OF DEATH			
	JOHN GILBER	RT PRENDERG	AST, JR.		0.9) 15	199	1 10:17 PM			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	'In yrs. lest birthday) IF I	MDER 1 YEAR IF UNDER:		E OF BIRTN onth, Day, Year)	0.	BIRTNPLACE (State or Foreign Country)			
	219-38-1232	-30-1232 1(A,M 2)					1941	MARYLAND			
α	G.B.M.C., 670			TOWSO				Y OF OEATH			
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT	T IVI OHARD	ED DI.	10030	IN		Balt	imore			
RE	10a. STATE 10b. COUN	TY	10c. CITY, TO	WN OR LOCATION				10d. INSIDE CITY LIMITS?			
٥		ALTIMORE		LUTHERVI	LLE			1 TES 2 NO			
RAI	10e. STREET AND NUMBER			101. ZIP CODE			10g. CITIZEI	N OF WHAT COUNTRY?			
N.	2203 FOXI.EY R	OAD 12. WAS DECEDENT EVER II	140 10450	210			U.S.				
F	1 Never Merried 2 XXMerried	FORCES? 1 YES	2 🗶 NO	13. WAS DECENDENT OF	, Mexicen, Puert		or No- 14	RACE — American Indian, Black, White, etc.			
BY	3 Widowed 4 Divorced	in test dive man on b	1123	1 TES 2 X NO	Specify:		W	Specify: nite			
COMPLETED	15. OECEDENT'S EDI (Specify only highest grad	UCATION le completed)	16a. DECEDENT'S USU. (Give kind of work	fone during most of working	, t	66. KIND OF BUS					
Ë	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT use reti	red.)							
MK.	12 17. FATHER'S NAME (First, Middle, Last)	/	Attorney					ville & Case			
	John Gilbert Pren	dergast			er's name (Fi/s en McHu	t, Middle, Maiden	Surname)				
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street and Number (0	n State 7in Co	Mal			
임	Mary Louise Pren	dergast	Same as			med, only or low	ii, oiaia, Esp oc	No.			
	20s. METHOD OF DISPOSITION Regulation 3 Plant 3 Plant 3 3 3 3 3 3 3 3 3	206	PLACE AND DATE OF DIS	SPOSITION (Name of	DA	TE 20c. LO	CATION — CIty	y or Town, State			
	4 Donation Cher (Specify)	() D	u ka/ney Val	ley Mem.Gdr	1s. 9/1	9/91 I	imoniu	ım, Md.			
	21. SIGNATURE OF FUNERAL SERVICE L	CENTREE!		Ruck Tows	on Fune	ral Hom	e. Inc				
	Konald (.	Sekaper &		1050 York	Rd., T	owson.	Md. 21	1204			
NO	22. PART L Enter the diseases, of complications the ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) WIDESPREAD CANCER - Squamous (all Due to (or as a consequence of): Carcin area Due to (or as a consequence of): Due to (or as a consequence of):										
CERTIFICATION	If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL	PART II. Other significant condition		ut not resulting in the	e underlying ceuse gi	ven in Part i.	24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
¥.	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DE	ATH (Check only	one)					
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp		HER: Nursing Nome 5 - Rae							
E	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK?		ESCRIBE HOW IF	JURY OCCUR	ED			
B	1 Natural 5 Pending 2 Accident Investigation			M 1 YES 2	NO						
	3 Suicide S Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, tarm, street,	factory, offica	28t, LC	CATION (Street e by or Town, Stete)	nd Number or i	Rural Route Number,			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINI	ER: On the best of my knowledge.	edge, death occurred at end/or investigation, in	the time, date end place, on opinion, death occurrent	end due to the c	euse(e) and men	ner ee stated.	suse(e) and menner as stated.			
29c. LICENSE NUMBER 29d. DATE SIGNED (Month,							GNED (Month, Day, Year)				
TO B	Jam Nous	ille		1028	F133		>de	+ 16,1991			
	MANE AND ADDRESS OF PERSON WITH	NO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print)	ATTMOR	EN	rd 21	204	, , , ,			
	31. DATE FILED (Moeth, Pay, 1847) SEP 19 1991	Suna Davidson	findell				_/_				

A-1,150 A 1 150

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the timenal director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should have death with the State Dept. of Health and Mental Hypines point to burial, certainfon, or removal. IMPORTANT: If item 28 its marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARY			F HEALTH AND	MENTAL HYG		91 25	52	
	1. DECEDENT'S NAME (First, Middle, Lest) JOSEPH 101	n BiNO	JOSEPH	PIOMBIN	0 III	2. DATE OF DEA	тн	3. TIME OF DEAT	H A M	
	4. SOCIAL SECURITY NUMBER 216-34-5964	XXXX 2 □ F 53	(In yrs. lest birthde	MONTHS DA	YS HOURS MIN.	7. OATE OF BIRTY (Month, Day, Ye 9-22-3	7 I	BIRTHPLACE (State or For Country) 1aryland	oreign	
TOR	9a. FACILITY NAME (If not institution, give s St. Joseph Hospit RESIDENCE OF DECEDENT				SON, M		144 144 144	Baltimore		
DIRECTOR		timore		Baltimo				10d. INSIDE CITY LIMITS? 1 \(\text{YES} \) 2		
FUNERAL	10 Friendswood C				101. ZIP CODE 21209		10g. CITIZE USA	N OF WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Married XXXMarried 3 Wildowed 4 Olvorced	12. WAS OECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 XXN0	If yo	DECENDENT OF HISPA s, specify Cuben, Mexic YESXXXXNO Spec	en, Puerto Ricen, at		I. RACE — American India Black, White, etc. Specify: White		
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 6+)	(Give kind life, Do NO	r's usual occur of work done durin ruse retired.) uction	g most of working		f Business/INDUS	втяу		
BE COM	17. FATHER'S NAME (First, Middle, Last) Joseph Piombino				16. MOTHER'S N	nette Mai	dalden Sumeme) rie DiPat			
2	to a. INFORMANT'S NAME (Type/Print) Katharine A. Pio		1C F	riendsw		Baltimo	ce, Mary	land 21209		
	20a. METHOD OF DISPOSITION 1	ovat from Stata	ob. PLACE AND D. f cemetary, cremate ulaney	Valley		9/20 1	uthervi	y or Town, State Lle, Maryla	and	
	Dennis Stephe	sten denas	M00640			Mitchell	Wiedefi	ld Home cyland 2121	.2	
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause on RECEN	each line.	o not enter the		ch as cardiac or	respiratory arres	Approximation interval B	ate etween	
CERTIFICATION	Sequentially list conditions, if sny, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE							
PHYSICIAN: MEDICAL C	PART II. Other algnificant condition STATING POS BYPASS 6NA	T conon		ANTER			AS AN AUTOPSY ERFORMED? /ES 2 NO	24b. WERE AUTOPSY FI AWAILABLE PRIOR COMPLETION OF OF OF DEATH?	TO CAUSE	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 XNO	HOSPITAL:	tpatient 3 DO	OTHER:	8. PLACE OF DEATH (0		(v)			
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		TIME OF 284	: INJURY AT WORK?	28d. DESCRIBE HOW INJURY OCCURED				
	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJUF building, etc. (Sp	RY At home, fan lecify)	me, farm, atreet, factory, office 281. LOCATION (Street and Number or Rural Rout City or Town, State)						
COMPLETED	one) 2 MEDICAL EXAMIN	ER: On the best of my kno							stated.	
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE SIEVEN IN A X 30. NAME AND ADDRESS OF PERSON WI	EMOLA	THOU	16157	29c. LICENSE N	1543	29d. DATE	SIGNED (Month, Day, Year)		



DHMH-16 Rev 1/89

HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-1 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Debt. Or neguti ato Metical hydere prior to consider the medical examiner must be notified at once.	INALL I Itali 20 is individed in their 20 center and in the second
THE HO	TO THE FUI	be filed with	THE CHILL

											9	1 2	553	U
	1 - FOR STATE REGISTRAR	STATE OF !		DEPAR					MENTAL HYGI REG.					
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEAT	H DAY	YEAR	3. TIME O	OF DEATH	
		GERTRUD	E			RAW	ITCH		9-9-1			10:	:50 A	M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Yes	l v)	8. BIRTI Count	HPLACE (Sta	ate or Foreign	
	044 30 8719 A	1 M 2 K F	98	YRS.	MONTHS	DAYS	HOURS	MIN.	3-15-1			Russia	a	
	Se. FACILITY NAME (If not institution, give st	reet end number)			2 2	r, TOWN O			ATH		INTY OF E			
O.	11619 Lebaron	Terrace			Si	lver	Spr	ings		Мо	ntgo	mery	County	'
DIRECTOR	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY	,		10c CIT	TOWN.	OR LOCAT	ION					I 10d. INSIG	DE CITY	\exists
E I		omery Cou	ıntv	100.01		ver		nas				LIMIT		
	10e, STREET AND NUMBER	1	7	l			ZIP COD			10g. CI	IZEN OF	WHAT COUN		-
HA		n Terrac	e				209				USA			
FUNERAL	11. MARITAL STATUS		IT EVER IN U.S. AR	NED.	13	WAS DEC	ENDENT C	F HISPAN	IC ORIGIN? (Specif	v Yea or No-	14. BAC	CE - Americ	cen Indien.	-
	1 Never Married 2 Merried	FORCES? 1	YES 2 1		1.0	If yes, spe		n, Mexico	n, Puerto Rican, etc		Blac	ck, White, et	tc.	
B√	3 🔀 Widowed 4 🗌 Divorced	IF TES, GIVE	MAN ON DATES			1 1 168	2 [] NO	Specify	•		300	Wh:	ite	
8	15. DECEDENT'S EDU (Specify only highest grade	CATION COMPleted	16a. DE	CEDENT'S	USUAL C	CCUPATIO	N et of workin	20	16b. KIND O	F BUSINESS/IN	DUSTRY			
Ē	Elementary/Secondary (0-12)	College (1-4 or 5	+)	. Do NOT u	rse retired.)			w						
린			Busi	ness	/Hom	emak	er		Groo	ery St	ore		- 11	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Middle, Mi	siden Surnema)				
BE	BORIS (Germani	k) Her	man		•			ANN	NA .		100			
2	19a. INFORMANT'S NAME (Type/Print)								Poute Number, City of			14D 0	0000	
۲	Elsie Thorrens	Daug	hter	11619	Lei	oaror	Ter	race	e, Silber	r Spri	ngs,	MD 2	0902	
	20a, METHOD OF DISPOSITION 1 Burlel 2 Cremetton 3 Rem	over from State	20b. PLACE other pi		SITION (N	lame of cer	netery, crer	natory or	20	c. LOCATION -	- City or 1	fown, State		
- 13	4 Donation 5 Other (Specify)	-4-												_
	21. SUDNATURE OF FUNCTION SERVICE LIN	Ronal	d Wade,	Dir	22	. NAME AI	ID ADDRE	SS OF FA	Sta	ate Ana	itomy	y Boar	rd	
	11 Samuel 111	1 Mille			6	555 W	. Ba	ltim	ore St,	Balto	.,MD	2120	1	
	23. PAJIT I. Enter the diseases, or				not ante	r tha mo	da of dy	ing, auc	h aa cardlac or	raspiratory a	rreat,		proximate	
	shock, or heart failure. IMMEDIATE CAUSE (Final			- A		, ,		1/	. 0				erval Between and Deal	
	disease or condition resulting in death)	CAT	2 mon	124	01	1	Le	1/LI	id ness	•		5	month	1
	teaditing in death)	DUE TO	OR AS A CONSE	OUENCE	OF):)								
z		b												
CERTIFICATION	Sequantially list conditions, it any, laading to immediate	DUE TO	OR AS A CONSE	OUENCE	OF):									
2	CAUSE (Disease or Injury	C												_
E	that initiated events resulting in death) LAST	DOE IS	O (OR AS A CONSE	OUENCE	Jir):							İ		
E E		d							_					_
_	PART II. Other significant condition	na contributing to	o death but not	resulting	in the u	ındariyin	g ceuse	given in	Part i. 24s, W	AS AN AUTOPS	Y 2		JTOPSY FINDING LE PRIOR TO	S
2	Nthono	sulero	tri Ca	Inla	マレノ	AUU	Ma	n		ES 2 4 10			TION OF CAUSE	
	Nier		Con a.	ノナル	~	110	ent	_					8 2 NO	
7	Faile	200				/								
NA.	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF I	DEATH (Ch	reck only one)					
S	1 YES DONO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	4 B		no Sin	esidence	6 - Other (Specif	y)				
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28a. DATE C	F INJURY Day, Year)	28b. Ti	ME OF		JURY AT		26d. DESCRIBE I	HOW INJURY C	CCURED			П
BY	10 Natural 5 Pending 2 Accident Investigation		370 - 17		М		YES 2	□ NO						
	3 Suicide 6 Could not be		OF INJURY — At h	ome, farm	, street, fa	ctory, offic	00		28f. LOCATION (S City or Town,		per or Rura	il Route Num	iber,	
TE	4 Homicide determined													
PLE	290. CERTIFIER Check only	ICIAN: To the best	of my knowledge, d	death occu	rred at the	time, dat	e end plac	e, end du	e to the cause(s) er	nd manner as i	stated.			
COMPLETED	one) 2 MEDICAL EXAMIN	ER: On the basis of	examination end/or	r investiga	tion, in my	opinion,	death occi	ured at the	time, date and pla	ice, end due to	the cous	e(s) end me	nner es stated.	
BEC	299 ENGINETY AND TITLE OF CERTIFIE	R	0 0	Usy	^		29c. LK	ENSE NU		29d, D	-	ED (Month, D	Day, Year)	
00		1+	1 4	2	V.		1 0	- D	2 3)		9.	12	91	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

20902 1299 Lamberton Drive, Silver Springs, MD

232

0

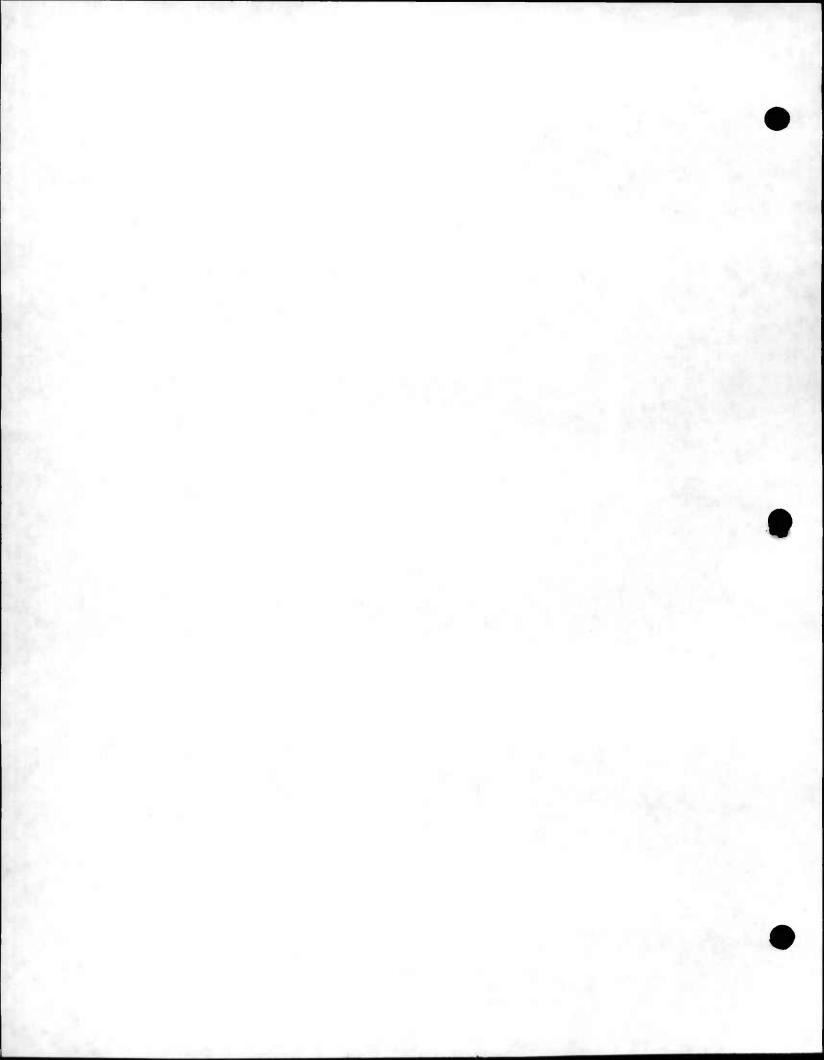
32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) SEP 1 9199

DR. ALTSCHULER

NAME: BABY BOY REDDING

DOD: 9/9/91

BABY STILLBORN



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

nours after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, removal. cremation, this certificate has been signed by the attending physician and completely with the State Dept, of Health and Mental Hygiene prior to bunal, crematic requires that the death certificate be executed within HOSPITAL OR ATTENDING PHYSICIAN: The law After death

Rose 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER t YEAR IF UNDER 24 HRS 1 M 2 F None page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not in 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 10d, INSIDE CITY Timore (rosedale) 1 YES 2 100 FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 212 12. WAS DECEDENT EVER IN U.S. ARMOO FORCES? 1 YES 2 THO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Merried If yes, specify Cubset Mexicen, Puerto Rics

1 YES 2 NO Specify: ВҰ 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co Elementary/Secondary (0-12) College (1-4 or 5+) None None 17. FATHER'S NAME (First, Middle, Law) 18. MOTHER'S NAME (First Middle Maiden Surname) Stansberry notified at 8 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Ronald L. Rose 7 A Maidstone Court Baltimore, Maryland 21237 be 20 METHOD OF DISPOSITION
1 Uriel 2 Cremetion 3 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE other traumatic event, the medical examiner must Dullanev Valley Cemetery 9/21/91 4 Donetion 5 Other (Specify) Baltimore Maryland 21. SIGNATURE OF FUNERAL SERVICE 22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck, Inc. 5305 Harford Road 21214 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in death) orceptio last CERTIFICATION Sequentially list conditions. If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in desth) LAST Injury, or PART II. Other significent conditions contributing to deeth but not resulting in the underlying causa given in Part I. PHYSICIAN: MEDICAL 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: EXAMINER? 1 YES 2 NO OTHER: tient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28 is marked, or 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 🗌 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, lactory, office building, etc. (Specify) 3 Suicide TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: AT the filed within 72 hours after de COMPLETED 8 Could not be 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 4 Homicide determined MPORTANT: If item 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end place, end due to the cause(s) end menner es atated. (Check only one) BE 2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

25532

3. TIME OF DEATH

End of the Mary and

SEASON AND A STATE OF A

Entrance of Marie of

	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
-	REGISTRAN	CERTIFICATE OF DEATH	REG. NO.

	1. DECEDENT'S NAME (First	, Middle, Last)				IOAII	_ 01	DLA		A DATE OF DEAT			
	WILLIE 4. SOCIAL SECURITY NUMBER	SAM	UELS 5. SEX							2. DATE OF DEAT MONTH 9 - 1	5 - 91	YEAR	3. TIME OF DEATH
	214-22-33	55	1 🗆 M 2 🖔 F	6. AGE (In yrs. les 78	YRS.	MONTHS	DAYS	HOURS	R 24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Yes	r)	8. BIRTI Count	HPLACE (State or Foreign N. C.
<u></u>	9a. FACILITY NAME (If not in		411 43-6						ION OF DE	ATH	9c. CO	UNTY OF C	DEATH
DIRECTOR	1811 HOPE		ET			В	ALT	IMO	RE				
<u>ښ</u>	10a. STATE	10b. COUNTY	,		10c. CIT	Y, TOWN O	OR LOCAT	TION					10d. INSIDE CITY
	MD				ВА	LTIM	IOR E						LIMITS?
FUNERAL	100. STREET AND NUMBER		СТ				10	ZIP COL	202		10g. C		WHAT COUNTRY?
I I	10 11 TUPE	SIKE		IT EVER IN U.S. AR	MED							U.S	
	1 Never Married 2 💢		FORCES? 1	YES 2 Y	NO.	- 1	If yes, sp	ecify Cub	an, Maxica	IIC ORIGIN? (Specifin, Puerto Ricen, etc.	Yes or No-	14. RACI Blac	E — American Indian, k, White, etc.
ВУ	3 Widowed 4 Divo	rced	11 123, 3172 7	MAN ON DATES			1 YES	2 X NO	Specify	/-		Spec	BLACK
	15. DEC (Specify only	EDENT'S EDU	CATION completed)	(G	ive kind of	USUAL O	CCUPATIO	ON ost of work	ina	16b, KIND OF			
COMPLETED	Elementary/Secondary (0	l-12)	College (1-4 or S	+) life.	Do NOT u	se retired.) FEND				JOHN OF MI			SCHOOL
g	17. FATHER'S NAME (First, M	iddle, Last)						18. MOT	HER'S NA	ME (First, Middle, Ma			
BE	JAMES JON									JONES			
5	190. INFORMANT'S NAME (7) ROOSEVELT		ELS	190	811	HOP	S (Street a	T . /	or Rural F BALT	Toute Number, City or	MD 2	1202)
	20a. METHOD OF DISPOSITION 1 M Burlet 2 Cremation 4 Donation 5 Other	n 3 🗆 Remo	oval from State	20b. PLACE A				MET	FRY		LOCATION -		
	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE	4					SS OF FAC			, ,,,,,	
			Wil										ORTH AVE.
	23. PART I. Enter the di shock, or he	iseasee, or d	omplications the	t ceused the de	eth. Do i	not enter	the mo	de of dy	ing, such	se cerdiec or n	epiratory s	rrest,	Approximats
	IMMEDIATE CAUSE (Fin												Interval Between Onset and Death
	resulting in desth)	→ ,		0/04			-9	40	er				
_			DUE TO	(OR AS A CONSEC	DUENCE O	F):							
EDICAL CERTIFICATION	Sequentially list conditi	ions,	DUE TO	(OR AS A CONSEC	DUENCE O	F):						-	
CA	cause. Enter UNDERLYI CAUSE (Disease or inju	NG											
F	that initieted events resulting in desth) LAS	· 1	DUE TO	(OR AS A CONSEC	DUENCE O	F):							
빙			l										
AL (PART II. Other significe	nt conditions	contributing to	deeth but not re	esuiting	in the un	deriying	ceuse	given in I		AN AUTOPSY	24b	. WERE AUTOPSY FINDINGS
SC	Je.	rile) emec	1/6	cr				1 □ YE	FORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME											1	1	OF DEATH?
ä													
PHYSICIAN	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER		ACE OF D	EATH (Che	ck only one)			
1YS	1 YES 2 NO		1 Inpatient 2			4 🗆 Nun	ling Hom	-	esidence	8 Other (Specify)			
ву Р	Natural 5 🗆 I	Pending nvestigation	28e. DATE OF (Month, Di		28b. TIM INJ	E OF URY M		URY AT RK? 'ES 2	□ NO	28d. DESCRIBE HO	W INJURY O	CCURED	
		Could not be fatermined	28a. PLACE O building,	F INJURY — At horatc. (Specify)	ne, tsrm, s	treet, facto	ory, office			281. LOCATION (Str. City or Town, St	net and Number ate)	er or Rural F	Route Number,
ا ڐ	29e. CERTIFIER (Check only	IFYING PHYSIC	CIAN: To the best of	my knowledge, dea	th occum	ed at the ti	me dete	and place	and due (to the secretal and			
COMPLETED	one) 2 MEDIO	CAL EXAMINER	R: On the besis of a	amination and/or is	nvestigatio	n, in my o	pinion, de	eath occur	red at the t	time, data and place	and due to t	ited, lhe cause(s) and manner as atated.
BE (296. SIGNATURE AND TITLE	OF CERTIFIER	21 0	1	4 0			29c. LICI	ENSE NUM	BER C	29d, DA	TE SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEATH ST	1000	Delet		02	- 19	38		7/1	7/9/
	Mayer	Gos		ay O	79	5	790	nal	lac)	TRd.	6/4	ea l	Burnie Mg
	31. DATE PILSEP 1	y 1991	32. BEGINTRA	SHORTURE	model	_							3

TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Dent, of Health and Mental Hydiene prior to burial, cremitation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires	TO THE FUNERAL DIRECTOR: After this certificate has been signe he fied within 72 hours after death with the State Dept. of Health	IMPORTANT: If item 28 Is marked, or Item 23 shows a

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.
	2 DATE OF DEATH

	1 - FOR STATE OF MARY		IT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	91 25534			
,	1. DECEDENT'S NAME (First, Middle, Lest) EDWIN STRIGLE	Edwin F. St	rigle	2. DATE OF DEATH MONTH DAY	YEAR 91 04-56 A M			
	217-20-6845 1×120 = 8	3 YRS. MONTH		7. DATE OF BIRTH (Month, Day, Year) 04-02-08	s. BIRTHPLACE (State on Foreign Country) VIFGINIA			
TOR	90. FACILITY NAME (If not institution, give street and number) HARBOR HOSPITAL RESIDENCE OF DECEMENT		ty, town or location of de 3 ALTIMO		OUNTY OF DEATH			
FUNERAL DIRECTOR	100. STATE 100. COUNTY Maryland Anne Arundel	10c. CITY, TOWN		10d. INSIDE CITY LIMITS? 1 □ YES 2 ☑ NO				
7	10e. STREET AND NUMBER	134101	101. ZIP CODE	10g. (CITIZEN OF WNAT COUNTRY?			
8	5006 Brookwood Road		21225		U.S.A.			
BY FUN	11. MARITAL STATUS 1 ☐ Never Merried 2 ☑ Merried 3 ☐ Widowed 4 ☐ Divorced 12. WAS DECEDENT EVER FORCES? 1 ☑ YES IF YES, GIVE WAR OR WOrld War	3 2 NO DATES	3. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexico 1 — YES 2 NO Specify					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4 or 5+)	18a, DECEDENT'S USUAL	on during most of working	16b. KIND OF BUSINESS				
립	10th Grade	Self Empl	oyed	Waterman				
BE CON	17. FATHER'S NAME (First, Middle, Last) John Stigl	e	18. MOTHER'S NA	ME (First, Middle, Meiden Surnem	re)			
	19a, INFORMANT'S NAME (Type/Print)	19b. MAILINO ADDRI	SS (Street and Number or Rural)	Route Number, City or Town, State,	, Zip Code)			
2	William Cusick	6 Round	ridge Road	Timonium, Mar	ryland 21093			
	20e. METHOD OF DISPOSITION 1 💢 Burlel 2 □ Cremetion 3 □ Removel from State 4 □ Donation 5 □ Other (Specify)	Burnie, Maryland						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21225							
	23. PART I. Enter the diseases, or complications that ceus				errest, Approximate			
	shock, or heart failure. Liet only one ceuse on IMMEDIATE CAUSE (Finel disesse or condition resulting in death)	AC ARR	HYTHMIA	4	Interval Between Onset and Death			
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): ARTERIOSCLEROTIC GARDIOVASULAR DISEASE DUE TO (OR AS A CONSEQUENCE OF): d.							
PHYSICIAN: MEDICAL	PART II. Other significent conditions contributing to death	Part I. 248. WAS AN AUTOP PERFORMED? 1 YES 2 NO	AMILABLE PRIOR TO COMPLETION OF CAUSE					
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (Ch	eck only one)				
SIC	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/O	itpatient 3 DOA 4 DI	ER: lursing Home 5 - Residence	8 Other (Specify)				
	27. MANNER OF DEATH 1 Netural 5 Pending 1 Accident Investigation		28c. INJURY AT WORK? 1 YES 2 NO	284. DEŞCRIBE HOW INJURY	OCCURED			
TED BY	- Padistrik	RY — Al home, farm, atreat, secify)	factory, office	28f. LOCATION (Street and Nur City or Town, State)	CATION (Street and Number or Rural Route Number, or Town, Stete)			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my known one) 2 MEDICAL EXAMINER: On the basic of examinar							
TO BE C		4YSICIAN	AS24	MBER 4161463 ▶	09-17-9/			
F	3001 S. HANOVER ST	*	IORE MD	21230				
	SEP 19 1991 Julia Javidson							



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DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

IG PHYSICIAN: The law requires that the death certificate be executed with a remained so after death. Page 6 may be retained by the hospital or attending physician.	ned by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	th with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
requires that the death certificate be execute	en signed by the attending physician and co	of Health and Mental Hygiene prior to buria	shows any Injury, or other traumatic
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law	TO THE FUNERAL DIRECTOR: After this certificate has by	be filed within 72 hours after death with the State Dept.	IMPORTANT: If Item 28 Is marked, or Item 23
TO THE !	TO THE F	be filed y	IMPORT

BY PHYSICIAN: MEDICAL CERTIFICATION

BE COMPLETED

9

(Check only one)

31. DATE FILED (Month, Day,

SFP

9

1991

		No.					
						9	1 25535
FOR STATE REGISTRAR	STATE OF N		TMENT OF I		MENTAL HYGIEN	E	
1. DECEDENT'S NAME (First, Middle, Las	0				2. DATE OF DEATH		3. TIME OF DEATH
RUTH	SCHL	AIFER			MONTH 9	13 91	11:03PM
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BIRT	HPLACE (State or Foreign
087 07 7839	1 □ M 2√□√F	77 YRS.	MONTHS DAYS	HOURS MIN,	July 21,	1914 Ne	
9a. FACILITY NAME (If not institution, give	street end number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY OF	DEATH
Washington Adv	ventist :	Hospital	Takom	a Park		Montgo	mery
RESIDENCE OF DECEDENT 10e. STATE 10b. COUN	TV.	40.000	, TOWN OR LOCA	T1011			1
						A	10d. INSIDE CITY LIMITS?
	tgomery	Sil	ver Sp				1 YES 2 NO
10e. STREET AND NUMBER				H. ZIP CODE			WHAT COUNTRY?
9619 Evergree			2	0901		USA	
11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARMED YES 2 MHO MR OR DATES	If yes, s	CENDENT OF HISPAN pecify Cuben, Mexican 8 2 NO Specify		Ble	CE — American Indien, ck, White, atc.
3 Widowed 4 Divorced	***************************************						White
15. DECEDENT'S Et (Specify only highest gra		16a, DECEDENT'S	USUAL OCCUPAT vork done during m e retired.)	ION ost of working	16b. KIND OF BUS	SINESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)		easurer	Allsta	r Compa	ny
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	AE (First, Middle, Malden	Surneme)	
Morris Blum				Mami	e Feldman		
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural R	loute Number, City or Town	n, Stata, Zip Code)	
Norman S. Sch	laifer	same	as #1	0 above			
20e. METHOD OF DISPOSITION 15 Burlel 2 Cremetion 3 Re 4 Donetion 5 Other (Specify)	omoval from State	20b. PLACE AND DATE of cemetary, crematory Mt. Leba	or other place)			CATION — City or T	Town, State
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	/	22. NAME /	ND ADDRESS OF FAC	HLITY		
o Acuel bu	ular	Ken		-Pearso s Churc	n Funera	l Homes 2046	5
23. PART I. Enter the diseeses, o	r complications the	t coused the death. Do n					Approximate
shock, or heart feilur	e. List only one cau	se on each line.	ot onter the m	ous or dying, suci	i as cordiac or respi	natory silest,	Interval Between
iMMEDIATE CAUSE (Final disease or condition							Onset and Death
reaulting in death)	ā	CEREISIZO		LAR AC	CIDENT		3 DAYS
	DUE TO	(OR AS A CONSEQUENCE OF	F):				
Sequentially list condition	b						
Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEQUENCE OF	F):				

diseese or reaulting in Sequentisii if sny, lesdi cause. Ente CAUSE (Dis DUE TO (OR AS A CONSEQUENCE OF): thet initieted events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO RHEUMATIC HEART DISEASE WITH ATRIAL FIRMLLATION COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO T VES 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL:
1/2 Inpatient 2 - ER/Outpatient 3 - DOA OTHER 5 🗆 Residence 8 🗆 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 28c. HUURY AT WORKT 27. MANNER OF DEATH 1 Netural 5 26d. DESCRIBE HOW INJURY OCCURED 5 Pending Investiga 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined 4 Homicide 29a. CERTIFIER

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time,

29b. SIGNATURE AND 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER

30. NAME DEATH (ITEM 27) (Type, Print) MD 1106 HICHOL

32. REGISTRAR'S SIGNATURE

MD. 20910

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DIVISION OF VITAL RECORDS, P.O.	4
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	PROPERTY OF STREET, STREET, ST.

		FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTME CERTIFICA	NT OF HEA	LTH AND EATH	MENT	AL HYGIENE REG. NO.		, ,	20000
		1. DECEDENT'S NAME (First, Middle, Last) PATRICA	I. SIMM	S			MON	TE OF DEATH		YEAR 3.	TIME OF DEATH
9		4. SOCIAL SECURITY NUMBER 218-60-6004	5. SEX 6. AGE (III	6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH	E OF BIRTH	_		ACE (State or Foreign			
2, 3 should	ETED BY FUNERAL DIRECTOR	90. FACILITY NAME (If not institution, give si	pitcel		Ba (to	OCATION OF I			9c. COUNT	Y OF DEAT	N
r. Pages 1,	DIREC	10a, STATE 10b, COUNTY									d. INSIDE CITY LIMITS?
n. ansit permit.		3408 Dupo	nt Ave	00011	101, ZIP	COOE 2/2/	5		10g. CITIZE		YES 2 NO
-UOZO ling physician. the burial-transit		11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	is. WAS DECENOR It yes, specify	Cuben, Mexic	en, Puerto	IN? (Specify Yee of Picen, etc.)	r No 14	Bleck, W	American Indian, hite, etc.
or attend		15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed)	16e. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire	ne during most of	working	16	b. KIND OF BUSI	NESS/INDUS	STRY	slaar
the hospital detached to	4	17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)			MOTNER'S N	AME (First	Middle, Maiden St			
retained by the 5 should be contified at continuous at continuous	BE	James MC Ar	thur	19b. MAILING AOOR		Lou	ise	Kobe	75	ode)	
ay be n page 5	TO	TICHN SIMM 20e. METNOD OF DISPOSITION 1 Burlet 2 (Cremetion 3 - Remo	20b. I	3408 T	OSITION (Name of	+ Au	e OA	Balto	MA CIN	21	2/5 ⁻
Page 6 al directe		4 ☐ Donation 5 ☐ Other (Specify)			e mate			10-1	tuns	-1	nd
hours after death. Id in by the funera or removal. medical exami	_	23. PART I. Enter the diseases, or c	omplications that caused	the death. Do not en	yard	t dulas au	130	O Was	bash	Au	re
24 ho filled ion, ol		ahock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	VENTRICULA	on lina.			cii as car	unac or respira	tory arrea	ι,	Approximate interval Batwean Onset and Death
B 2 2 9	NO	Sequantially list conditions,	METABOL	CONSEQUENCE OF):							
ficate be e physician ne prior to	FICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	orey Freu	IRE ->	CAR	DIAC	MARE	ST		
end it	CERTIFI	resulting in death) LAST	ASPIRAT	ION							
and and	DICAL	PART II. Other algnificant conditions ASTHMA			undariying eau	use givan in	Part I.	24e. WAS AN AU PERFORMI 1 YES 2	EO?	AMA	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATN?
23 per law	AN: MEDI		andenit a	ABETES				,			YES 2 NO
SICIAN: The certificate h the State E , or item	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:			OF DEATH (C)					
DING PHYS After this of death with	B⊀	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY A WORK? 1 YES			SCRIBE NOW INJ			
DR ATTENDING DIRECTOR: After hours after death item 28 is ma	ETED	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — building, atc. (Specify	, 			City	CATION (Street end or Town, State)		Aural Route	Number,
국 그 그 도	COMPLET	(Check only one) 2 MEDICAL EXAMINER	IAN: To the bast of my knowled On the basis of examination e	dge, death occurred at the	time, date end p opinion, death o	place, end due	to the ce	use(e) end menne e and place, end o	r es stated, lue to the c	euse(e) end	menner ee steled.
TO THE HOSPITA TO THE FUNERA De filed within ?	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	4 Herrs	Houses		LICENSE NU	MBER	2	9d. DATE SI	GNED (Mor	Mh. Day, Year)
+		30. NAME AND ADDRESS OF PERSON WHO) VIRATA	N (ITEM 27) (Type, Print) S/NA1		TAL	OF	BALTIN	NORE		
A)		31. SEP 19 1991	32. REGISTRAR'S SIGNAT	ure pale			-				



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2	HO	DIFFER	POLITE	
_	TO THE HOSPITAL DR	TO THE FUNERAL DI	be filed within 72 hou	AL DE WASHINGTON
	HOS	FUN	with	-
	뿔	Ή	filed	2000
	2	2	å	
1	X	1	1	
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1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMEN CERTIFICAT	T OF HEALTH AND E OF DEATH	MENTAL HYGIENE REG. NO.	91 2553			
1. DECEDENT'S NAME (First, Middle, La. JOHN	WILLIAM	1	TALLEY	2. DATE OF DEATH DAY 9 16	3. TIME OF DEATH 91 12:38 P			
4. SOCIAL SECURITY NUMBER 219 - 52 - 4087	1 🕅 M 2 🗆 F	(In yrs. last birthday) IF UNDE 41 YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year) 12-18-49	BIRTHPLACE (State or Foreign Country) M D			
99. FACILITY NAME (If not institution, gh JOHNS HOPKIN			LTIMORE C	DEATH 9c.	COUNTY OF DEATH			
JOHNS HOPKIN RESIDENCE OF DECEDENT 106. STATE MD 106. COU	NTY	10c. CITY, TOWN			10d. INSIDE CITY LIMITS? 1 ☑ YES 2 ☐ NO			
100. STREET AND NUMBER 1101 E. PRES 11. MARITAL STATUS 1. Never Merried	100. STREET AND NUMBER 1101 E. PRESTON STREET 1ST FLOOR 21202 U.S.A.							
3 Widowed 4 Olvorced	12. WAS DECEDENT EVER IN FORCES? 1 Y YES IF YES, GIVE WAR OR DA	2 NO	WAS DECENDENT OF HISPA If yes, specify Cuben, Maxie 1 YES 2 NO Specific		- 14. RACE — American Indian, Black, White, etc. Specify: BLACK			
Specify only highest graves and the second series of the second series o	OUCATION ide completed) College (1-4 or 5 +)	16a. DECEDENT'S USUAL C (Give kind of work done life. Do NOT use retired.) UNEMPLOYE	during most of working	16b. KINO OF BUSINESS				
JAMES TALLEY,	17. FATHER'S NAME (First, Middle, Lest) JAMES TALLEY, SR. 18. MOTHER'S NAME (First, Middle, Malden Surrame) AUDREY L. WILLIS							
GERALD T. TAL	196. INFORMANT'S NAME (Type/Print) GERALD T. TALLEY 196. MAILING AGORESS (Street and Number of Pairal Pourte Number, City or Town, State, Zip Code) 2594 EDMONDSON AVE./BALTIMORE, MD 21223							
20s. METHOO OF DISPOSITION 1 \(\bar{A} \) Burlel 2 \(\bar{C} \) Cremetion 3 \(\bar{R} \) R: 4 \(\bar{D} \) Donetion 5 \(\bar{C} \) Other (Specify) \(\bar{C} \)	cem	PLACE AND DATE OF DISPO PERCENT SON FO	REST VA C		S MILLS, MD			
21. SIGNATURE OF FUNERAL SERVICE	« Willia		. C . MARCH		. NORTH AVE.			
IMMEDIATE CAUSE (Finsi disease or condition resulting in death)	. MULTIPUT	SCH IINE. E INTURIÉ CONSEQUENCE OF):		- Too Column Col	Approximate interval Betwee Onset end De			
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	с.	CONSEQUENCE OF):	ý					
PART II. Other significent conditi	ons contributing to deeth bu		iderlying ceuse given in	Part i. 24a. WAS AN AUTOP BERFORMED? 1 YES 2 NO	AVAILABLE PRIOR TO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH	HOSPITAL:	effient 3 DOA 4 Nu	26. PLACE OF DEATH (C. R: sing Home 5 Rasidenca					
27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation		28b. TIME OF INJURY 9:10A M	28c. INJURY AT WORK? 1 YES 2 NO		OCCURED PEDESTRIA			
4 Homicide datarmined	3 Suicide 4 Homicide 28a. PLACE OF INJURY — At home, tarm, streel, factory, office building, stc. (Specify) 28a. PLACE OF INJURY — At home, tarm, streel, factory, office City or Town, State) 1 0 0 F BALTIMORE CITY							
(Check only CERTIFYING PHY	SICIAN: To the best of my knowle	edge, death occurred at the sand/or investigation, in my	ime, data and placa, and du- pinion, death occured at the	n to the cause(s) and manner as time, data and place, and due t	atated. to the cause(s) and manner as stated.			
296 SIGNATURE AND TITLE OF CERTIF	Golle	A) W.	O.C.M	MBER 29d. 1	DATE SIGNEO (Month, Day, Year) EPTEMBER 17,1			
MARIO F. GOL 31. DATE FILED (Month, Day, Vear)	LE JR. M.D.	V 111 PEN	N ST. BAL	TIMORE, MD.	21201			
THE PROPERTY OF THE PARTY OF TH	32. REGISTRAR'S SIGNA	4111000						

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25538 91 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMENT CERTIFICATE		MENTAL HYGIEN	91	25538			
	1. DECEDENT'S NAME (First, Middle, Last)	AKA - A. E1	lease Thorn		2. DATE OF DEATH DAYO CYEAR 3. TIME OF DEATH					
	ANNA ELLEASE		in yrs. lest birthday) IF UNDER	YEAR IF UNDER 24 HRS.	7 18 91 071 AM					
	4. SOCIAL SECURITY NUMBER 212 22 3098	6. BIRTNPLACE (State or Foreign Country) Maryland								
OR	90. FACILITY NAME (If not institution, give sy	forpital Co	notex 6	alt Mo	ATH .	alt City				
DIRECTOR	10e. STATE 10b. COUNTY	Arundel	10c. CITY, TOWN O	actimor	R	16d. INSIDE CITY LIMITS? 1 Per 2 No				
FUNERAL (100. STREET IND NUMBER HILL	Crest Av	l	10f. ZIP CODE	1225	F WHAT COUNTRY?				
BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 ☑NO If	AS DECENDENT OF NISPAN yes, specify Cuben, Mexicar YES 2 NO Specify	ACE — American Indian, lack, White, etc. pecity: White					
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16e. DECEOENT'S USUAL OC (Give kind of work done d life. Do NOT use retired.)	CUPATION uring most of working	18b, KIND OF BUS					
릴	9th Grade		Fitter		Clothi	othing				
8	17. FATNER'S NAME (First, Middle, Last)		•	18. MOTNER'S NAI	ME (First, Middle, Maiden	Surname)				
H		osser J. Hay			Newton					
2	19a. INFORMANT'S NAME (Type/Print) Wayne Thorn			(Street end Number or Rural F			1			
	20e. METHOO OF DISPOSITION	200	PLACE OF DISPOSITION (Nat			cation — chy o	ryland 21225			
	ty Burtel 2 Cremetion 3 Ramo	oval from State	other place) edar Hill Cen							
	21. SIGNATURE OF FUNERAL SERVICE LIC		22.1	22. NAME AND ADDRESS OF FACILITY						
	Dama -	2 4		eorge J. Gon						
	23. PARIL . Enter the diseases, or a	omplications that caused	the death. Do not enter	001 Ritchie	HWV Balti	more. I	Approximate			
	shock, or haert failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) a. CHRONIC RENAL FAILURE OUE TO (OR AS A CONSEQUENCE OF):									
NO	Sequentially list conditions,	DIABET	ES MELLIUS CONSEQUENCE OF):							
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	CORON								
Ĕ	CAUSE (Disease or injury that initiated evente	DUE TO (OR AS A								
E	resulting in death) LAST	d								
	PART il. Other significant conditione contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. V									
ICAL					PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?			
PHYSICIAN: MEDI										
ä										
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER	26. PLACE OF DEATH (Ch	eck only one)					
YSI	1 TYES 2 NO	1 - Inpatient 2 - ER/Outp	patient 3 DOA 4 Num	ing Nome 5 - Residence						
ВУ РН	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	26e. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE NOW INJURY OCCURED					
	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(e) end manner se stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) end manner se stated.									
B	29b. SIGNATURE AND TITLE OF CERTIFIED		29c. LICENSE NUI		29d. DATE SIGNED (Month, Day, Year) 9 [18]91					
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)									
	GERAND M CO			JENOMAH HTUO	ST BALTI	none, ma	21230			
. 1	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN	IATURE							
	SEP 1.9 1991	Julia Davidson	8							

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	Sages		
	mit.	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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JDING PHYSICIAN: The law requires that the death certificate be executed within the area after death. Page 6 may be retained by the hospital or attending physical programmers.	After	death	is marked or Item 23 shows any injury or other traumatic event, the medical examiner must be notified at once.

DIRECTOR

FUNERAL

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COMPLETED

BE

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CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG. NO 2. DATE OF DEATH 9-14-91 1. DECEDENT'S NAME (First, Middle, Last 3. TIME OF DEATH MARTHA JOSEPHINE THOMPSON 09 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday, 7. DATE OF BIRTH (Month, Day, Year) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign 21440428 DAYS HOURE 1 - M 2 X F -8-00 Maryland 9s. FACILITY NAME (If not Institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BON SECOURS BACTIMORE HOS PITAL CITY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD BALDMORE 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1805 EDMONDSON AUG 21223 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Merried IF YES, GIVE WAR OR OATES Specify: 3 Widowed 4 □ Divorced no Black 15. DECEDENT'S EDUCATION (Specify only highest grade comple 100. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Retired Baltimore city Schools 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) DAVID TALBERT GWYNN HESTER ANN DAVAGE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Nelda Hoover 7035 Lincoln Drive, Phila. PA Daughter 19119-2541 20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town, State 1
Burtel 2 Cremetion 3 Removal from State 4x Donation 5 Other (Specify) 21 SUMMATURE OF FUNERAL SERVICE LICENSE 22. NAME AND AOORESS OF FACILITYState Anatomy Board Ronald Wade, Dir 9/17/91 655 W. Baltimore St, Balto., MD 21201 23. FART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury QUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in deeth) LAST PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 TES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 VES 2 NO 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 Nursing Home 6 Residence 6 Other (Specify) 26e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27. MANNER OF DEATH 26b. TIME OF 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide determined 1/A CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and menner as stated. 29b. SIONATURE AND THEE OF CENTIF 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) 8

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32. REGISTRAR'S SIGNATURE

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, [1991)

Tindren Bradalle

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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

BALTIMORE, MARYLAND 21203-314

MARY H.SMITH		2. DATE OF DEATH DAY YEAR 3. TIME OF DEATH SEPTEMBER 14, 1991 9: 23a.								
4. SOCIAL SECURITY NUMBER 430_10-5466	5. SEX					7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country) Arkansas		
THE JOHNS HOPKINS			96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY BALTIMORE CITY BALTIMORE CI							
10a. STATE 10b. COUNTY Maryland						10.				
	N. Char	les St		1		.8	10g. CITIZEN OF WHAT COUNTRY? USA			
11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	EVER IN U.S. AR YES 2 X N R OR DATES	MED IO	If yes, s	pecify Cuban, Maxica	an, Puarto Rican, etc.)	RACE — American Indian, Black, Whita, etc. Specify: White				
	completed)	(Gi	ve kind of work Do NOT use re	done during n tired.)	nost of working	16b. KIND OF BUSINESS/INDUSTRY HOmemaker				
17. FATHER'S NAME (First, Middle, Last) Ernest Owen Harrison 18. MOTHER'S NAME (First, Middle, Maiden Surname) PEARLE GARRETT										
			19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 7 Southfield Place Bal.Md. 21212							
4 Donation 5 Other (Specify) Greenmount Cem. Crematory Balto. Md.										
► Colet 1	.02	Mitc 6500	Mitchell-Wiedefeld Home, Inc. 5500 York Road Bal.Md. 21212							
23. PART I. Enter the diseases, or complications that subset the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, interval Between Onset and Dasth disease or condition resulting in death) 8. Respiratory failure (Seven) Approximate interval Between Onset and Dasth disease or condition resulting in death)										
Sequentially liet conditions, If any, leading to immediate Due to (or as a consequence of):										
CAUSE (Disease or injury that initiated events resulting in death) LAST		4								
PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part							RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)										
1 YES 2 NO	1 Inpatient 2 🗆	NJURY	3 DOA 4 Nursing Home 5 Residence 28b. TIME OF 28c. INJURY AT			28d. DESCRIBE HOW INJURY OCCURED 28f. LOCATION (Street and Number or Rural Routs Number, City or Town, State)				
1 Natural 5 Pending 2 Accident Investigation 3 Suicide 5 Could not be	28e. PLACE OF				YES 2 NO					
29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in										
30 NAME AND ADDRESS OF PERSON WH	M 27) (Type, Pri	41477575E11			9/14/10					
John Hookin	Hospit	/ /								
	MARY H. SMITH 4. SOCIAL SECURITY NUMBER 430-10-5466 9a. FACILITY NAME (If not institution, give st THE JOHNS HOPKINS RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland 10e. STREET AND NUMBER 3900 11. MARITAL STATUS 1 Never Married 2 Married 3 Middowed 4 Divorced (Specify only highest grade (Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last) Ernes 19a. INFORMANT'S NAME (Type/Print) H. Eugene Agen 20a. METHOD of DISPOSITION 1 Burlel 240 Cremation 3 Rame 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE 23. PART I. Enter the diseases, or one shock, or heart fellure. Immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 28. CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Sulcident Sulcident Conditions determined 29a. CENTIFIER (Check only Check Only Che	MARY H. SMITH 4. SCCIAL SECURITY NUMBER 4.30_10_5466 9e. FACILITY NAME (If not institution, give street and number) THE JOHNS HOPKINS HOSPITAL RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY Maryland 10e. STREET AND NUMBER 3900 N. Char 11. MARITAL STATUS 1 Never Married 2 Married 3 Windowed 4 Divorced 1 Never Married 2 College (1-4 or 5 +) 12 17. FATHER'S NAME (First, Middle, Last) 19e. INFORMANT'S NAME (Type/Print) H. Eugene Agerton 20e. METHOD of Disposition 1 Buriel 2- Completed of the shock, or heert fellure. Liet only one ceus immediate cause. Enter UNDERLYING CAUSE (Disease or condition resulting in death) 23. PART I. Enter the diseases, or complications that shock, or heert fellure. Liet only one ceus immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) 23. PART II. Other eignificent conditions contributing to contributing in death) 24. Was Case referred to medical examples for the conditions contributing to contributing in death) 25. Was Case referred to medical examples for the conditions contributing to condition that shock, or heert feliure. Liet only one ceus immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) 25. Was Case referred to medical examples for the conditions contributing to condition that shock of the conditions contributing to condition that shock of the conditions contributing to conditions conditions conditions conditions conditions conditions conditions conditions conditions cond	4. SOCIAL SECURITY NUMBER 430-10-5466 9a. FACILITY NAME (If not institution, pive street and number) THE JOHNS HOPKINS HOSPITAL FRESIDENCE OF DECEDENT 10b. STATE 10b. STATE 10b. STATE 10b. STATE 11 NARTAL STATUS 1 Never Married 2 Married 3 Married 3 Married 3 Married 3 Married 3 Married 1 Never Married 2 Married 3 Married 1 Never Married 2 Married 3 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 1 Never Married 1 Never Married 2 Married 1 Never Married 1 Never Married 2 Never Married 2 Married 3 Married 3 Married 3 Married 4 Never Married 1 Never Married 1 Never Married 2 Married 1 Never Married 2 Married 3 Married 1 Never Married 2 Married 1 Never Married 2 Never Married 1 Never Married 2 Married 1 Never Married 1 Never Married 2 Never Married 1 Never Married 2 Never Married 1 Never Married 2 Never Married 2 Never Married 3 Marri	MARY H. SMITH 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SEX 1	MARY H. SMITH 4. 9.00CAL SECURITY NUMBER 430_10-5466 5. SEX 6. AGE (in yra. lest birthday) 78 YRB. 8. HORTHS DAYS 98. CITY, TOWN THE JOHNS HOPKINS HOSPITAL 108. STATE 108. COUNTY 108. STATE 108. STATE 108. COUNTY 108. STATE 109. COUNTY 109. STATE 109. STATE 109. STATE 109. COUNTY 109. STATE 109. STATE 109. COUNTY 11. MARTAL STATUS 12. WAS DECEDENT SURIN U. SARMED 13. WAS DECEDENT SURIN U. SARMED 14. YES 15. WAS DECEDENT SURING A STATE 15. WAS DECEDENT SURING A STATE 16. DECEDENT SURING A STATE 17. FATHER'S NAME (First, Middle, Lest) Ernest Owen Harrison 199. MFORMANT'S NAME (First, Middle, Lest) Ernest Owen Harrison 190. METHOD of DISPOSITION 108. METHOD of DISPOSITION 108. METHOD of DISPOSITION 108. METHOD of DISPOSITION 109. METHOD of D	MARY H. SMITH 4. BOCAL SECURITY NUMBER 5. SEX 78	MARY H. SMITH 4. BOCAL SCURITY NUMBER 5. SEPTEMBER 78	MARY H. SMITH 4. BOCAL SECURITY NUMBER 1. SEX 78 YAS WAS WASHINGTON THE SECURITY		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

2. DATE OF DEATH MONTH

DHMH-15 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

25541 91

8. BIRTHPLACE (State or Foreign 1943 Washington, DC

19918:05

Prince Georges

10g. CITIZEN OF WHAT COUNTRY?

United States

14. RACE - American Indian, Black, White, etc.

Black

9c. COUNTY OF DEATH

16b. KIND OF BUSINESS/INDUSTRY

3. TIME OF DEATN

10d. INSIDE CITY

1 YES 2 NO

2. DATE OF DEATH MONTH DAY

		Barbara A West 0.9									DEATH		
		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthda)					IF UNDER	Wes:	IF UNDER 24 HRS.	7 0475 07 047511			
19	1	579-58-07	L O	1 🗆 M 2 🔀 F	47	YRS.	MONTHS	DAYS	HOURS MIN.	Month, Day	23, 1943		
should	_	9+. FACILITY NAME (If not in	nstitution, give s	treet end number)			9b. CITY	, TOWN	OR LOCATION OF D		9c. CO		
2, 3	DIRECTOR	5114 Emo	Stre	et			Ca	pito	ol Heig	hts	Pr		
ges 1,) H	10e. STATE	10b. COUNT	Y		10c, CI1	ry, TOWN	OR LOCAT	TION				
permit. Pages		Maryland	Pri	nce Geo	rge's		Capi	ito]	Heigh	ts			
bert.	3AL	10e. STREET AND NUMBER						101	ZIP COOE		10g. CI		
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21215-0020 If or attending physician. For use as the burial-transit	B		Merried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2X	RMED NO		If yes, sp	endent of HISPA ecify Cuban, Mexico 2 NO Speci	an, Puerto Rican	ecify Yee or No , etc.)		
r attend use as	ED	15. DEC	EDENT'S EOU	CATION completed)	16a. D	ECEDENT'S	USUAL O	CCUPATIO	ON .	16b. KINI	D OF BUSINESS/II		
	COMPLET	Elementary/Secondary (C)-12)	College (1-4 or 5	•7		111111111111111111111111111111111111111		st of working				
The hospital detached for	N N	17. FATNER'S NAME (First, M		4 Years	C	osme	tolo	ogis			Private		
YLA by the be det	TO BE CC	Joseph		nr.							Haley		
MARYLAND 2: retained by the hospital of should be detached for notified at once.		190. INFORMANT'S NAME (-	1	96. MAILING	AODRESS	S (Street e	nd Number or Rural				
41		Thomas We	st							Capitol Hgts.,			
M > 8 0		20a. METNOD OF DISPOSIT		oval from State		ANO OATE	OF DISPOS			OATE	20c. LOCATION -		
Page 6		21. SIGNATURE OF FUNERAL SERVICE LIBENSEE 21. SIGNATURE OF FUNERAL SERVICE LIBENSEE 71. SIGNATURE OF FUNERAL SERVICE LIBENSEE 71. SIGNATURE OF FUNERAL SERVICE LIBENSEE 71. SIGNATURE OF FUNERAL SERVICE LIBENSEE 72. NAME AND ADDRESS OF FACILITY											
ALTIMOR death. Page 6 ma s funeral director, p i.		ZII SIGNAT OF TANK	L SERVE	ENSEE	+		22.	Stew	o address of FA art Fu	neral	Home		
		Lunn	<u>U</u> .	allu	went,	TIL	4	1001	Benni	ng Roa	ad, N.E		
nours ed in to or rer		23. PARTAL Enter the di shock, or h IMMEDIATE CAUSE (Fir	eert remure.	complications that List only one cau	t ceuaed the d	eeth. Do i	not enter	the mo	de of dyling, suc	h as cardlec	or reapiratory s		
		disess of condition	→	. Con	tact G	-51	V o	f	Chest	-			
N 2 2 - 8				DUE TO	(OR AS A CONSE								
	CERTIFICATION	Sequentially list conditi		b DUE TO	(OR AS A CONSE	OUENCE O	F):						
BOX cate be ex hysician a e prior to	8	cause. Enter UNDERLY!	NG	B									
, P.O. BOX eath certificate be attending physician rtal Hygiene prior to	E	that initiated events resulting in death) LAS		DUE TO	(OR AS A CONSE	OUENCE O	F):						
	EH			d,									
RECORDS, P.O. E requires that the death certification signed by the attending ph. of Health and Mental Hygiene shows any Injury, or other	AL.	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY											
RECOR requires that een signed by of Health an	MEDICAL		Arthr	itis						10%	PERFORMED?		
REC w require been signature. of He	ME				<u> </u>								
AL law has the Dept.	1	25. WAS CASE REFERRED TO	MEDICAL										
F VITAL SICIAN: The law certificate has to the State Dept 1, or item 23	잃	EXAMINER?	, mesicale	HOSPITAL:	ED/Outpetlant	2 004	OTHER	3:	ACE OF DEATH (Ch				
OF VI PHYSICIAN: This certifical with the St riked, or It	PHYSICIAN	27. MANNER OF DEATH		28e. DATE OF (Month, D	INJURY	28b. TIM	E OF	28c. INJU	5 ∰ Residence		E NOW INJURY OF		
ON OF	ВУБ		Pending Investigation	0.9 1	2 1991	Fou	MBM I	1 Y		Self i	inflict		
VISION ATTENDING SCTOR: After 1 after death	ED 6		Could not be	28s. PLACE O building,	F INJURY — At heatc. (Specity)			ory, office			(Street end Numbern, State)		
DIVISION OF ATTENDING I DIFFCTOR: After hours after death	<u>=</u>	20- CENTIFIED	determined		nome					5114 E	Emo Str		
2 3 3 4	MPL			CIAN: To the best of									
(門) 三	8	2 Wieol		R: On the beele of ex	ramination end/or	Investigatio	n, in my o	pinion, de	esth occured at the	time, date end p	place, end due lo l		
AN E	BE	29b. SIGNATURE AND TITLE	OF CERTIFIER	101	L 4 4	0			29c. LICENSE NUM	ABER	29d. DA		
868	5	30. NAME AND ADDRESS OF	PERSON-WHO	COMPLETED CAUS	E OF OFATH ITTE	M 27) /3m-	Deine)		O.C.M.	Ε	09		
With a state of the			100			ary (1900,							

Private 16. MOTNER'S NAME (First, Middle, Maiden Surneme) Alice Haley end Number or Rural Route Number, City or Town, State, Zip Code) St., Capitol Hgts., Maryland OATE 20c. LOCATION — City or Town, State ial Park 9/18 Landover, Maryland NO ADDRESS OF FACILITY
Wart Funeral Home l Benning Road, N.E. Wash. D.C. ode of dying, such as cardiec or reapiratory screat, Approximate Interval Between **Onset and Death** 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? YES 2 NO XES 2 NO ne 5 A Residence a 🗆 Other (Specify) 28d. DESCRIBE NOW INJURY OCCURED Self inflicted gunshot wd

281. LOCATION (Street and Number or Rural Route Number,
City or Town, State) 5114 Emo Street end place, end due to the cause(e) end manner es stated. lesth occured at the time, date end place, end due to the cause(e) end menner ee stated, 29d. DATE SIGNEO (Month, Day, Year) 09 13 1991 111 Penn Street. Baltimore Maryland

111

E 2 100

BALLIMORE, MARYLAND 21215-0020	HYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-traneir narmit brane 1.2.3 should	or removal.	medical examiner must be notified at once.
STORY OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPING WH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 no	TO THE PROPERTY WHISTORE After this certificate has been signed by the attending physician and completely filled	be first morner 2 pours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTON: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

CAROLINA
31. OATE FILEO (Month,

CUSTODIO.

	1 - STATE STATE REGISTRAR	TATE OF MARYLAND	/ DEPARTMENT ERTIFICATE	OF HEALTH AND I	MENTAL HYGIEN REG. NO.	E	91 25542		
	1. DECEDENT'S NAME (First, Middle, Last) LOUIS WILSON	LOUIS A. WI			2. DATE OF DEATH DATE OF 16		3. TIME OF DEATH 4:05 P M		
	4. SOCIAL SECURITY NUMBER 216 09 6091 9. FACILITY NAME (If not institution, give street en	M 2 □ F 82	YRS. MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9/12/09	8.	BIRTHPLACE (State or Foreign Country) MARYLAND		
DIRECTOR	VA MEDICAL CENTER	a number)		TOWN OR LOCATION OF OE HOWARD	АТН	BALT	OF DEATH TIMORE		
	10e. STATE 10b. COUNTY MARYLAND BALT 10e. STREET AND NUMBER	TIMORE CITY	BALTIN	MORE .			10d, INSIDE CITY LIMITS? 1XXYES 2 \(\text{NO}\)		
FUNERAL	628 CHERATON ROAD			101. ZIP CODE 21225		US			
BY	1 Never Married 2 V Married F	was decedent ever in u.s. at orces? 1 \square yes 2 \square fyes, give war or dates $1943 - 1945$		AS DECENDENT OF HISPAN yes, specify Cuben, Mexico YES 2 X NO Specify	IIC ORIGIN? (Specify Yee n, Puerto Rican, etc.)	or No- 14.	. RACE — American Indian, Black, White, etc. Specify: BLACK		
COMPLETED	15. DECEOENT'S EDUCATION (Specify only highest grade comple Elementary/Secondery (0-12) Colle	eled) (C	ECEOENT'S USUAL OC Give kind of work done di e. Do NOT use retired.)	CUPATION tring most of working	16b. KIND OF BUS	INESS/INDUS			
BE COM	17. FATHER'S NAME (First, Middle, Lest) ERNEST WILSON			LOI	ME (First, Middle, Maiden : TIE PORTER				
10	190. INFORMANT'S NAME (Type/Print) ERANCES WILSON CLINICAL RECORDS	19	628 CHER VA MEDICAL	Street end Number or Rural F ATON ROAD CENTER, FI	BALTIMORE, HOWARD,	AKYLAN	%1225052		
	20e. METHOD OF DISPOSITION 1X Burlel 2 Cremetion 3 Removal fro 4 Donation 5 Other (Specify)	om State 20b. PLACE cemetery. cri	AND DATE OF DISPOSIT	ION (Name of	DATE 200 100	CATION CIN	or Town, State		
	21. SIGNATURE OF SUNERAL SERVICE LICENSEE	aster .	ES 13	AME AND AGORESS OF FAC TEP BROTHER OO EUTAW PL	S FUNERAL ACE, BALTI	HOME, F	P.A.		
	23. PART I. Enter the diseases, or compliance, or heert fellure. List or IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	cetione that caused the deniy one cause on each line CANCER OF CO DUE TO (OR AS A CONSE	eeth. Do not anter t	he moda of dying, such	aa cerdlec or reeple	etory arreat	, Approximete Interval Between Onset and Death		
CERTIFICATION	Sequentially liet conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that inlitted evente resulting in death) LAST END STAGE RENAL DISEASE DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PERFORMED? 1 VES 2 NO OF DEATH?						24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:		SPITAL:	OTHER:	26. PLACE OF DEATH (Che					
ву РНУ	1 VES 2 NO 1 Cinpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 28. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 VES 2 NO 28c. INJURY AT WORK? 1 VES 2 NO								
		8e. PLACE OF INJURY — At he building, etc. (Specify)	ome, term, street, tector	y, office	281. LOCATION (Street er City or Town, State)	nd Number or R	Rural Route Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To come one) 2 MEDICAL EXAMINER: On the	o the beet of my knowledge, de he basis of exemination end/or	eath occurred at the tim	e, date and place, end due t	to the ceuse(e) and men	ner as steted.	ouse(s) end menner se stated.		
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	vtdin		29c, LICENSE NUM	BER	29d. DATE SIG	GNED (Month, Day, Year)		
F	38. NAME AND AGORESS OF PERSON WHO COMP	PLETED CAUSE OF OEATH (ITE	M 27) (Type, Print)			1/1			

M.D., VA Medical Center, Ft Howard, Maryland 21052 M.D.,

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

within 24 Hours after beath, Page b may be retained by the hospital or attending physician.	ng physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2 should	removal.	edical examiner must be notified at once.
caeculed) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by th	ours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	PPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
INE HUSTINE	THE FUNERAL	filed within 72	PORTANT: II

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CE	RTIFIC	ATE OF	DEATH	REG. N	0.		
	1. DECEDENT'S NAME (First, Middle, Lest)						2. DATE OF DEATH			3. TIME OF OEATH
	EMMETT	FRANCIS H	BLAKE	1	WILSON		MONTH ()9	18	YEAR 9	03:50 AM
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	10		PLACE (State or Foreign
	212-12-4599	1 🔀 M 2 🗆 F	78	YRS. MO	NTHE DAYS	HOURS MIN.	(Morith, Day, Year)		Countr	y)
	9a. FACILITY NAME (If not institution, give s	street end number)	70	96	CITY TOWN C	R LOCATION OF DE	5-19-13	1 0- 001	MAI	RYLAND
DIRECTOR	NORTH ARUNDEL		ASSOCTA			EN BURNIE		96, 000		A. COUNTY
5	RESIDENCE OF DECEDENT		DDOOT						Α.	A. COUNTI
띪	10a, STATE 10b, COUNT	Y		10c. CITY, TO	OWN OR LOCAT	ON				10d. INSIDE CITY
		ARUNDEL		GLEN	BURNI	Ξ.				t TYES 2X NO
A	10e. STREET AND NUMBER				101	ZIP COOE		10g. CIT	IZEN OF W	HAT COUNTRY?
Ę.	102 CRAIN HIGHWA	Y N. APT. 8	374		2	1061		U.	S.A.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1 X	ER IN U.S. ARM	ED	13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify	fee or No-	14. RACE	- American Indien,
ВУ	t Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR (OR DATES	5	If yes, spe	cify Cuban, Maxicas 2 NO Specify	n, Puarto Rican, etc.)		Special Specia	, White, atc.
	3 mount 4 Divorced	W.W.II/KOE	REAN							WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a, DEC	EDENT'S USL	AL OCCUPATIO	N st of working	16b. KIND OF B	USINESS/IN	DUSTRY	
Ш	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT use re	done during mo: tired.)	t or working				
MP	8	NONE	TF	RUCK M	ECHANI	3	TRUCKI	NG		
ᅙ	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NAI	WE (First, Middle, Maide	on Sumame)		
BE (HARRY WILSON					ADA	TERRY			
	19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING AD	ORESS (Street e		Coute Number, City or To	own, State, Zi	p Code)	
2	EMMETT N. WILSON,	SR.					LEN BURNI			1
	20a, METHOD OF DISPOSITION		20h PLACE AL	NDDATEGED	SPOSITION /A/o	no of		OCATION -		
- 1	1 X Buriel 2 Cremetion 3 Rem 4 Donation 6 Other (Specify)	ovel from State	CEDAD	atory or other	CEMETI	PDV	1			
	21. SIGNATURE OF FUNGUAL SERVICE LA	ENSEE	CLDAI	LITTL		D ADDRESS OF FAC	9-20 BR	UUKLI.	N PAR	K, MD
	VADI/WI	'm/					NERAL HOM	E		
	NOVINS				1 SE(COND AVE.	S.W. GL	EN BU	RNIE.	MD 21061
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF):									
	2022 11 201	d,								1
I: MEDICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO							WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
¥	25. WAS CASE REFERRED TO MEDICAL				28. PL	CE OF DEATH (Che	ck only one)			
S	EXAMINER?	HOSPIPAL:	Outpatient 3		HER:	5 - Residence				
Y PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJU (Month, Day, Ye	IRY	28b. TIME OF	28c. INJL WOR	RY AT	28d. DESCRIBE HOW	INJURY OC	CURED	
1 Accident								oute Number,		
"	29e. CERTIFIER	CIAN: To the heart of a line				. 5. 972				
296. CERTIFIER (Check only one) 296. MEDICAL EXAMINER: On the basie of examination and/or investigation, in my opinton, death occurred at the time, data end place, and due to the cause(e) and manner as attend.								end manner as stated.		
BEC	296. SIGNATURE AND TITLE OF CERTIFIER		-d-	N	To!	29c. LICENSE NUM	BER		E SIGNED	(Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHE	O COMPLETED CAUSE OF	F DEATH (ITEM	27) (Type, Prin	N UTCI	UX CU	6 8 4 #209 (CLI	ZM DITT		8/8/
				U CKA	IN UICH	WAI, SW,	#308/GLI	rn RNI	WIE,	MARYLAND 2
	SEP 19 1991	182 Davidson	dande 182							



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTI CERTIFIC	MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	91 25544
	1. DECEDENT'S NAME (First, Middle, Last) SEPMEN	William		2. DATE OF DEATH MONTH - 13-9	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 2 13 - 28 - 5828	5. SEX 6. AGE (In yrs. lust birthday) 1 M 2 F 6 YRS.	7. DATE OF BIRTH (Month, Day, Year) 7-7-24	BIRTHPLACE (State or Foreign Country)	
OR	Sa. FACILITY NAME (If not institution, give	- 11 6 63	Ballimor		Y OF DEATH
DIRECTOR	10a. STATE 10b. COUNT	10c. QTY.	TOWN OR LOCATION Se. Otimes	. Q	10d. INSIDE CITY LIMITS? 1 TYES 2 \(\sqrt{1}\) NO
	10e. STREET AND NUMBER	0.29	101. ZIP CODE		N OF WHAT COUNTRY?
FUNERAL	3440 Mª HP	12. WAS DECEDENT EVER IN U.S. ARMED			I. RACE — American Indian,
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 PYES 2 □ NO IF YES, GIVE WAR OR DATES	If yes, specify Cuban, Mexico 1 TES 2 NO Specif		Black, White, atc. Specify:
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	(Give kind of wo	rk done during most of working	16b. KIND OF BUSINESS/INDUS	STRY
COM	17. FATHER'S NAME (First, Middle, Last)	1		AME (First, Middle, Maiden Surname)	
BE	19e, INFORMANT'S NAME (Type/Print)	19h MARINGA	DORESS (Street and Number or Pumi	Rute Number, City or Town, State, Zip C	ortel
2	Miletreel P	tober 1540	MSHehr	154 212	
	20a METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rer 4 Donation 8 Other (Specify)	movel from State 20b. PLACE OF DISPOSIT	TION (Name of cometer); crematory or		Wills Md.
	21. SIGNATURE OF FUNERAL SERVICE L	Double 6/5	1206 WINDOW	the less 212	17
		complications that caused the death. Do not . List only one cause on each line.	t anter the mode of dying, suc	ch as cardiac or respiratory arres	Approximata Interval Between Onset and Death
	disease or condition resulting in death)	. Respiratory	failu	e e COPD	
NO	Sequentially list conditions,	b. All OI AS A CONSEQUENCE OF	iline		
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	C. Possille 8 DUE TO (OR AS A CONSEQUENCE OF)	epsis.		
ERTI	that initiated events resulting in death) LAST	· cardial de	with Thris	3	
MEDICAL C	PART II. Other algnificent condition	ona contributing to death but not resulting in	the underlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS MALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
N.					1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (C	N	
HYS	1 YES 2 NO 27. MANNER OF DEATH	28a. DATE OF INJURY 28b. TIME	4 Nursing Home 5 Residence OF 28c. INJURY AT	6 ☐ Other (Specify) 28d. DE\$CRIBE HOW INJURY OCCU	PRED
ВУ Р	1 Natural 5 Pending 2 Accident Investigation		M 1 YES 2 NO		\
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE DF INJURY — At home, farm, at building, etc. (Specify)	reet, factory, office	281. LOCATION (Street and Number of City or Town, State)	r Rurel Route Number,
COMPLETED	cool orby	SICIAN: To the best of my knowledge, death occurred			
BE C	296. SIGNATURE AND TITLE OF CERTIF	tio maneri	29c. LICENSE NU	JMBER 29d. DATE	SIGNED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON W	VHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,	Print 2000 W 1	Ballingre &	1
	31. DATE EI EO (MONIS) DON'S (1919)	A 22. REDISTRAR'S SIGNATURE	3 altimore	7 rca-21	ししつ・



FOR STATE REGISTRAR

1 -

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL OHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEDENT'S NAME (First,	Middle, Last)	Anna	Agne	es .	Wienh	nold				2. DATE OF DEA	TH	YEAR	3. TIME OF DEATH
	WIENHOL			AN	INA						9	17	91	0145 AM
	4. SOCIAL SECURITY NUMB	ER	5. SEX							7. DATE OF BIR' (Month, Day,)		8. BIRT	HPLACE (State or Foreign	
1 1	212 46 9632		1 🗆 M 2 💢 F	□M2×F 87 YRS. MON				DAYS	HOURS	MIN.	11171			ryland
	9a. FACILITY NAME (If not in	AME (It not institution, give street and number) MCLS Scott Key Hospital OF DESERVENT						TOWN	OR LOCAT	ION OF DE	EATH	9c.	COUNTY OF	DEATH
l o	Francis	Scot	t Key	Hos	pit	al		Bal	tin	100	e	E	Baltin	rive City
[[[RESIDENCE OF DEC	10b. COUNT					, TOWN C	D 1 004	FION					1
DIRECTOR	MD		ltimore				sse:		IION					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	200	TOTHOLO			<u> </u>	-500.		f. ZIP COD	\F		140	OUTITED OF	1 YES 2 30NO
FUNERAL		Disease	N-al- Da					10		1221		100		
쀨	330 Back	ulver	12. WAS DECEDE		III O ADI	WED.	140				HC ORIGIN? (Spec			JSA
	1 Never Married 2	Married	FORCES?	1 YES	2-0	0	1	it yes, sp	ecify Cub	an, Maxice	n, Puerto Ricen, a	ic.)	Ble	CE — American Indian, ck, White, etc.
B	3 Widowed 4 🗌 Divo	rced	IF YES, GIVE	WAR OR DA	NES			I L YES	XX NO	Specify	y:		Spe	White
8	15. DEC	EDENT'S EDU	CATION		16a. DE	CEDENT'S	USUAL O	CCUPATI	ON		16b. KINO	OF BUSINES	S/INDUSTRY	
	Elementary/Secondary (0	highest grade	College (1-4 or 5	+)	life.	Do NOT use	retired.)			ing		Home		
실	6					IX	use	MITTE				LXOIDS		
COMPL	17. FATHER'S NAME (First, Mi	iddle, Last)							18. MOT	HER'S NA	ME (First, Middle, I	feiden Surne	eme)	
l w l	Frank	c Mat	theu						Ma	ry S	tolka			
0 8	19e. INFORMANT'S NAME (7)										Route Number, City			
F	Bernard Wie	enhold	, Son			1558	Wil	Lian	s Av	e.	Baltimo	re, M	d. 212	221
	20a. METHOD OF DISPOSITI		ovel from State	20b	PLACE (OF DISPOS	ITION (Na	me of ce	metery, cre	matory or	2	Oc. LOCATIO	ON — City or	Town, State
	Gardens of Faith Cemetery 9/20/91 Baltimore Co., Md.													
	23/ SIGNATURE OF FUNERAL	L SERVICE LI	CENSEE	1		_	22.	NAME A	ND ADDRE	S OF FA	Fineral	Home	PA	
	22-MAME AND ADDRESS OF FACILITY Druzdzinski runeral Home PA 1407 Eastern Ave. Baltimore, Md. 21221													
	23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate													
	ahock, or heart failure. List only one cause on sech line.													
1 1	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Congestive heart failure Oue to (or as a consequence of): Sequentially list conditions.										Onset and Death			
	reaulting in death)	-	a. OUF TO	OR AS A	CONSEC	UENCE OF	3.	1	and	cre				
		_	Laure			1-	-t	C .						
CERTIFICATION	Sequentially list conditi		b. Com	OR AS A	CONSEC	UENCE OF):	-						
¥	if any, leading to immed cause. Enter UNDERLY	NG	ane	mi	4-						h			
트	CAUSE (Disease or inju that initiated events	ry]	G-			DUENCE OF):				•			
F	reaulting in deeth) LAS	Т	d Sep	515										
5														
						esulting i	n the ur	idariyin	g cause	given in	Part i. 24a. V	AS AN AUTO		Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICA	5/41	n b	reakdo	אינ		_					10	YES 2 X	NO	OF DEATH?
¥											_		- 1	1 - YES 2 NO
ÿ														
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:				OTHE		LACE OF	DEATH (Ch	eck only one)			
IS	1 TYES 2 NO		1 Ninpatient 2	☐ ER/Outp	atient 3	□ DOA	4 Nur	aing Hon	ne 5 🗆 R	Residence	8 Other (Speci	(y)		
표	27. MANNER OF DEATH	2000000	28a. DATE O (Month,	F INJURY Day, Year)		28b. TIME	E OF URY	28c. IN.	JURY AT		28d. DEŞCRIBE	RULMI WOH	RY OCCURED	110
B		Pending Investigation					М	1 🔲	YES 2	□ NO				
		Could not be	28s. PLACE (OF INJURY	— At he	me, ferm, s	treet, faci	ory, offic	a		28f. LOCATION	Street and N	lumber or Rura	l Route Number,
	4 Homicide	determined												
12	29a. CERTIFIER 1 X CERT	IFYING PHYS	ICIAN: To the best o	f my know	ledga, de	eth occurre	d at the t	lme, date	and plac	e, end due	to the cause(s) e	nd manner s	as stated.	
COMPLET	C(Check only one) 2 IMEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, dasth occurred at the time, date and place, end due to the cause(s) end manner as stated.													
U U	296. SIGNATURE AND TITLE	OF CERTIFIE	By /7	6	posid	artok	hus 101	61	29c. LIC	CENSE NUI	MBER	290	I. DATE SIGNE	ED (Month, Day, Year)
00	Stepl	- 11	1. K	w	N	10	1000	**	D	-47	3036		9/	17/9/
임	30. NAME AND ADDRESS OF	F PERSON WI	O COMPLETED CAL	JSE OF DE	ATH (ITE	W 27) (Type,	Print)				- , 0		1	1 /
	Kare	n L.	SWO	art	七.	M.	D							
	31. DATE FILED (Month. Day	Year)	32. REGISTR					-						
1 1	SED 1 9 100	7/1	6.01 Kata	. 70	2.00									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

PITTEL NEC	TO THE HOSPIAN CONTRIBUTION PHYSICIAN: The law requires	The mis certificate has been sign	72 hour after eath with the State Dept. of Heal	IMPORTANT II ham set is marked or item 23 chouse
	HE HOSPIGAL CONCUENT	TO THE FUNERAL DIRECTOR.	led within 72 hour after.	ORTANT II INMAN
	2	5	90	MP

	1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF I		MENTAL HYGIE	NE .	91 25546			
	1. DECEDENT'S NAME (First, Middle, Lest)	Mary Adam		ary Adams		2. DATE OF DEATH	-	YEAR 1930			
	217-12-9680	1 🗆 M 2 🔀 F	(In yrs. last birthday) 70 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-14-19		Balto, MD			
TOR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH										
DIRECTOR	10a. STATE 10b. COUNTY	imore City	10c. CIT	TY, TOWN OR LOCAT	timore			10d. INSIDE CITY LIMITS? 1 XXYES 2 NO			
FUNERAL	100. STREET AND NUMBER 4201 Fa	ills Rd.		10*	H. ZIP CODE	211	U.S	EN OF WHAT COUNTRY?			
B	11. MARITAL STATUS Never Married 2 Merried Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XX	if yes, sp	CENDENT OF HISPAI pacify Cuban, Maxico S AIX NO Specif	NIC ORIGIN? (Specify Ween, Puerto Rican, atc.)	es or No 1	4. RACE — American Indian, Black, Whita, etc. Specify: White			
LETED	15. DECEDENT'S EDUCAT (Specify only highest grade co	ATION completed) College (1-4 or 5 +)	(Give kind of v	No. of the last	ost of working	16b, KIND OF BI					
once.	17. FATHER'S NAME (First, Middle, Last)		Mll	1 Worker	_		Texti	le			
7	William Gr	eeley				May Frock	,				
TO BE	190. INFORMANT'S NAME (Type/Print) Donald David Ad		196. MAILING	ADDRESS (Street a		Route Number, City or To	wn, State, Zip C				
r must be	20a. METHOD OF DISPOSITION XXBurlai 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of carriety, crematory or other place) Saters Cemetery DATE 20c. Location — City or Town, State 20b. PLACE AND DATE of DISPOSITION (Name of carriety, crematory or other place) Saters Cemetery 9/19 Baltimore, Maryland										
medical examiner	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Burgee-Henss Funeral Home 3631 Falls Rd. Baltimore, Maryland, 21211										
event, the	immediate in daysess, or constraint in the season of const	disease or condition a. Severe Coronary cuttery Disease Due to (or as a consequence of): Sequentially list conditions, b.									
ry, or other traumatic	cause. Enter UNDERLYING CAUSE (Disease or injury that Initiated eventa resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF):										
hows any inju	PART II. Other eignificent conditions of	PERFO	PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 YES								
	25. WAS CASE REFERRED TO MEDICAL			28. Pt	LACE OF DEATH (Ch	neck only one)					
or item YSICI,		HOSPITAL: 1 Inpatient 2 ER/Output	retient 3 DOA	OTHER:	ne 5 🗆 Residenca						
201	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	E OF 28c. INJ	PURY AT DRK?	26d. DESCRIBE HOW	INJURY OCCUP	RED			
E Q	2 Accident investigation 3 Suicida 6 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, atc. (Special	— At home, farm, w			261. LOCATION (Street City or Town, State	and Number or	Rural Route Number,			
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER: (AN: To the best of my knowle On the bests of examination	edge, death occurre	id at the time, date	and place, and dua	to the cause(s) and ma	nner as stated.	:ause(e) and manner as stated.			
B B	296. SIGNATURE AND TITLE OF CENTIFIER	Les	21	nn	29c. LICENSE NUN			SIGNED (Month/, Day, Year)			
≗ ይ	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type,	Print)	137/1	0	71	(1817)			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	ATHE								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL HYGIEN
CERTIFICATE OF DEATH	REG. NO

	AG NELLO, ANTHONY			2. DATE OF DEATH	DAY O YEA	3. TIME OF DEATH 3. 15 A. M			
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs.	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year)		RTHPLACE (State or Foreign				
	213-05-423 1 M2 0 F	/WD							
E I	96. FACILITY NAME (If not institution, olve street and number)	96. CI	1 VISO 1	EATH	Oc. COUNTY O	IMILE			
DIRECTOR	REGIDENCE OF DECEDENT 10s. STATE 10b. COUNTY	10c. CITY, TOWN	OR LOCATION		1/0/10/	10d, INSIDE CITY			
DIR	MD BAItO.					1 WES 2 NO			
RAL	104. STREET AND NUMBER		10f. ZIP COOE	/	10g. CITIZEN C	OF WHAT COUNTRY?			
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.	ARMED 13	. WAS DECENDENT OF HISPAI		14. R	IACE — American Indian,			
ВУ Е	1 Never Married 2 Married FORCES? 1 YES 2 IF YES, OIVE WAR OR DATES	NO	If yes, specify Cuban, Maxico 1 ☐ YES 2 ☑ NO Specif			pecify:			
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	DECEDENT'S USUAL		16b. KIND OF BI	JSINESS/INDUSTR	WITE			
) LET		ille. Do NOT use retired.	o during most of working)			486			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	MIES	18, MOTHER'S NA	AME (First, Migdle, Maide	n Surname)	C. 100			
BE C	Vincent Agnello		Lena	PAIN	NISAL	10			
2	AROLYO LA FOALD	9000 A	SS (Street and Number or Rural	Route Number City or To	Wn, State, Zip Code	Mr 21724			
	20s METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal from State	CE OF DISPOSITION (I	Name of cemetery, crematory or	20c. L	OCATION — City o	r Town, Stata			
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	RED Ht.	2. NAME AND ADDRESS OF FA	enetry !	SAHO	/VI() .			
	- Kord loon Tile hen	=	The said 1/1	10/05 11	nie I	Thester St.			
	23. PART I. Enter the diseases, or complications that ceused the shock, or heart fellure. Liet only one ceuse on each it	death. Do not ente	er the mode of dylng, aud	th ea cerdlec or ree		Approximate			
	IMMEDIATE CAUSE (Final disease or condition		20			Interval Between Onset and Deeth			
	resulting in deeth) a. // Cuttle (Cosperato Fry on original cuttle) oue to (OR AS A CONSEQUENCE OF):								
NO	Coguantially list conditions	nuc 4	Kart De	ness					
CATI	If any, leading to immediate ceuse. Enter UNDERLYING	Stury	Least de	reline		1			
CERTIFICATION	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONTINUE	SEQUENCE OF):	0						
CER	d								
CAL	PART II. Other algorificant conditions contributing to deeth but no	ot resulting in the o	underlying cause given in	PERFO	PRMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDICAL				1 _ YES	2 NO	OF DEATH? 1 YES 2 NO			
	25. WAS CASE REFERRED TO MEDICAL								
PHYSICIAN	EXAMINER?	3 DOA 4 N	28. PLACE OF DEATH (CI ER: ursing Home 5 ☐ Residence						
	27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Dey. Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURE	0			
ВУ	2 Accident Investigation 3 Suicide 2 Court 21 28e, PLACE OF INJURY — At	home, farm, street, fa	1 YES 2 NO	26f. LOCATION (Stree		irel Route Number,			
TED	4 Homicide detarmined building, atc. (Specify)			City or Town, State	9)				
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge,								
	2 MEDICAL EXAMINER: On the basis of examination and	or investigation, in m	opinion, death occured at the			NEO (Month, Day, Year)			
) BE	om elesana M.	0.	2-4	10519	▶ 9.	17.91			
<u>P</u>	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (I	ITEM 27) (Type, Print)							
	31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE								
	SEP 2 0 1991 Stille Davidson Fran	delle							
						DHMH-16 Rev 1/89			

1 -	FOR STATE REGISTRAR
1. D	ECEDENT'S NA

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		VEITTI.	TOPATE	<u> </u>	DEATH	ned. N	<u>.</u>		
	1. DECEDENT'S NAME (First, Middle, Last) BERNARD	H. BYN	um				2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH
			(in yrs. last birthday) IF UNDER	VEAD	IF UNDER 24 HRS.	7. DATE OF BIRTH	7	9	11.23 PM
		1 N M 2 F		MONTHS	DAY8	HOURS MIN.	(Month, Day, Year)	. /	Country)
	9a. FACILITY NAME (If not institution, give stre		75 YAS.			R LOCATION OF DI	4 28		Nort	h Carolina
œ	Libuty Medicul			96. CITY,	-L			9c. CO	UNTY OF DE	ATH
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT	unter			צדי	(BAltin	nore)		201	
i ii	10a. STATE 10b. COUNTY		10c. C	ITY, TOWN O	R LOCAT	TON				10d. INSIDE CITY
<u> </u>	Marriand		١,	Balti	mol	-0			- 1	LIMITS?
١,٠	Maryland 100. STREET AND NUMBER			Daroi		ZIP CODE		10a. Cl	TIZEN OF W	HAT COUNTRY?
E E	71 4 77 3 3 3 4 4 5 5 5 6	Donal				2122	0	1 '	J. S.	
žΙ	714 Woodington	12. WAS DECEDENT EVER	IN U.S. ARMED	13 V	MAS DEC		NIC ORIGIN? (Specify		,	- American Indian.
	1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	S 2XX NO	- 11	yes, sp	ecify Cuban, Maxica	n, Puerto Rican, atc.)		Black	, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	- '	[] YES	2 NO Specif	γ:		Specif	Black
ا ۾	15. DECEDENT'S EDUCA	ATION	16a. DECEDENT	'S USUAL OC	CUPATIO	ON	16b. KIND OF I	USINESS/IN	DUSTRY	Diack
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	ompleted) College (1-4 or 5+)	(Give kind o	f work done d use retired.)	luring mo	st of working	State			
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	Fynr	ess Di	44		Motor	. Ver	nicle	Admin
2	17. FATHER'S NAME (First, Middle, Last)		EXPL	ess Di	TVE		ME (First, Middle, Maid			
5	Frank Bynum						lie Als			
BE	19a. INFORMANT'S NAME (Type/Print)		105 14411 11	ADDDEED	/Ptenet e		Route Number, City or 1		Tin Code)	
2										ND 21220
	Alicia J. Bynu						Rd Ba		City or Ton	
	20a. METHOD OF DISPOSITION 1X Burlal 2 Cremation 3 Remove	ral from State	ob. PLACE AND DA	TE OF DISPO	OSITION lace)	(Name				Co., MD
	4 Donation 5 Other (Specify)		Arbutus	Memo	orı	al Park	9/23 B	TLLI	llore	1 W
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		22.1	NAME A	OTTTTEN OF	Falls	er Fu	nera	1 Homes in
	(VOSMON	K Ba	, Deel	D.	11+	imore	Marylan	4 2	way 1216	
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE	OF):						Onset and Daeth
CER	resulting in death) LAST									
4: MEDICAL	PART II. Other significant conditions	contributing to death	but not resultin	g in the un	derlyin	g cause given in	PERI	AN AUTOPS FORMED?	Y 24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF DEATH (C	heck only one)			
3		HOSPITAL:	utpetient 3 DOA	OTHER		ne 6 🗆 Residence	6 CkOther (Specify)	Hant	ntal	
	27. MANNER OF DEATH	28a, DATE OF INJUR	Y 265 T	IME OF	28c. IN.	JURY AT	28d. DESCRIBE HO			
	1 Netural 5 Pending	(Month, Day, Year)	NJURY M		ORK? YES 2 NO				
D 67	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU- building, atc. (S	RY — At home, ferri	n, street, fact	_		281. LOCATION (Stre City or Town, St		per or Rural R	loute Number,
	4 Nomicios determined									
COMPLETED		EIAN: To the best of my kn) and manner as stated.
Ŭ W	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NU	MBER	29d. D	ATE SIGNED	(Month, Day, Year)
∞	Jevanu KL	estar m.1				D4103		•	9/17/	91
입	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH STEN 27 /5	De. Print)	_				7''	/
	Liberty medic	u anta	. Ba	Himo	re	•				
	31. DATE FILED (Month, Day, Year)	funa Day (150)	SPANIS DE							



	BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician.	OFFICE A ME THE WAS DEED Signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should a comment of the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
(DIMISION OF VITAL RECORDS, P.O. BOX 68760,	Los metals and PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	OF OFFICE ATTREETS STATISFIED BY SEASON STATES THE ATTREMENT PHYSICIAN AND COMPILETELY filled in by the figures and compiletely filled in by the figures are death with State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DE	EPARTMENT RTIFICATE	OF HEALTH	AND MEI	NTAL HYGIEN	91	25549		
	1. DECEDENT'S NAME (First, Middle, Last)	4 Blu			OI DEAL	2.	DATE OF DEATH	-9	ZEAR 3. TIME OF DEATH		
	217-02-2052	1 D M 2 X F	(In yrs. lest bir	YRS. MONTHS	DAYS HOURS	MIN.	DATE OF BIRTH (Month, Day, Year) 9/27/1919	•	BIRTNPLACE (State or Foreign Country) MARYLAND		
TOR	1 SLADE AVE., APT.			9b. CITY, 1	OWN OR LOCATION BAL	n of death TIMORI	<u> </u>	9c. COUNTY	BALTIMORE		
DIRECTOR	10a. STATE 10b. COUNTY	ALTIMORE	1	0c. CITY, TOWN OR	LOCATION ALTIMOR	E			tod. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL	1 SLADE AVE., APT	105			101, ZIP CODE	21208	3		N OF WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 2 NO	H	S DECENDENT OF	HISPANIC O Maxican, Pu Specify:	RIGIN? (Specify Yas arto Rican, atc.)	or No—	Black, White, atc. Specify: WHITE		
COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co	TION impleted) College (t-4 or 5+)	(Give k life, Do	DENT'S USUAL OCC kind of work done du NOT use retired.)	ing most of working		16b. KIND OF BUS	HOME	TRY		
BE COI	17. FATHER'S NAME (First, Middle, Lest) DAVID VINOKUR				16. MOTH	er's name (1	First, Middle, Maiden S (UNKNOW	Surneme)			
10 E	190. INFORMANT'S NAME (Type/Print) MRS - BENITA LAMON	ľT	19b. M	AILING ADDRESS (SOO SANZO	RD., A	or Rural Route PT. A	Number, City or Town	, State, Zip Co	21209		
	20a. METNOD OF DISPOSITION 1	of from State	netery, cremeto	DATE OF DISPOSITIONS OF OTHER PROPERTY OF OTHER PROPERTY OF THE PROPERTY OF T		/91		ATION — CITY IMORE	or Town, State		
	21, SIGNATURE OF FUNERAL SERVICE OCEN	man		S		NSON 8	BROS.,]	NC.			
	23. PART I. Enter the disease, or cor shock, or heart fellure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in death)	t Dilly Die Cause Dil e	ech line,	. Do not enter th	e mode of dyir	g, such es	cardiac or reepir	atory arree	Approximate interval Batween Onset and Death		
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other significant conditions of	contributing to death b	ut not reeu	iting in the under	rlying ceuse gi	ven in Part	i. 24e. WAS AN A PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:		IOSPITAL:	atlant 3 🗆 f	OTHER:	26. PLACE OF DE						
1 Sec. 11					c. INJURY AT			JURY OCCUR			
	27. MANNED OF DEATH 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26	INJURY	WORK?		DESCRIBE NOW IN		ED		
ED BY	27. MANNED OF DEATH	26a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY building, atc. (Spec	- At home.	INJURY M	WORK?	NO	LOCATION (Street ar City or Town, State)				
ETED BY	27. MANNED OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	(Month, Day, Year) 26a. PLACE OF INJURY building, atc. (Spec	— At home, iffy)	INJURY M Term, street, factory	WORK? VES 2 offica	NO 281.	LOCATION (Street ar City or Town, State)	od Number or i			
BE COMPLETED BY	27. MANNED OF DEATN 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINER: (29b. SIGNATURE AND TITLE OF CERTIFER)	(Month, Day, Year) 26a. PLACE OF INJURY building, stc. (Special Control of the base of th	— At home, iffy)	INJURY M Term, street, factory	WORK? YES 2 office office deta and place, a lon, death occurrent	NO 281.	LOCATION (Street ar City or Town, State)	od Number or i	Rural Route Number,		
E COMPLETED BY	27. MANNED OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	(Month, Day, Year) 26a. PLACE OF INJURY building, atc. (Special No. 10 the bast of my knowl) On the basis of axamination	— At home, iffy)	INJURY M larm, streef, factory	WORK? YES 2 office office deta and place, iden, death occurred	NO 281.	LOCATION (Street ar City or Town, State)	od Number or i	Rural Route Number,		

To the same

After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should my the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. NDNG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

I. DECEDENT'S NAME (First, Middle, Last)				ICATE					OF DEATH			IME OF DEATH
EMILY R	BECK							MONT	9 /	9 91	EAR	14:15 1
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER	YEAR	IF UNDER	1 24 HRS.		OF BIRTH			CE (State or Foreign
212-09-3360	1 ☐ M 2 🔯 F	8	2 YRS.	MONTHS	DAYS	HOURE	MIN.	,	h, Day, Year) -2.7—19(Marx	land
Pa. FACILITY NAME (If not institution, give at	reet and number)			9b. CITY,	TOWN (OR LOCATI	ON OF DE		21 17	9c. COUNTY		
UNION MEMORIAL	HOSPITA	Γ.		BAT	ттм	ORE	СТТУ					
RESIDENCE OF DECEDENT							0111					
10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT		. 1					LIMITS?
Maryland					100			imore	2			XYES 2 NO
100. STREET AND NUMBER		001			101	. ZIP COD				10g. CITIZE		
3939 Roland Aven								21211			U.S.	
11, MARITAL STATUS		YES 2 X		11	yes, sp	ecify Cubi	en, Maxica		N? (Specify Ye: Rican, etc.)	or No- 14	Black, WI	American Indian, ilta, atc.
Widowed 4 Divorced	IF YES, GIVE V	MAR OR DATES		1	TYES	2 🔀 NO	Specif	ly:			Specify:	White
15. DECEDENT'S EDUC	CATION	16a, D	ECEDENT'S	USUAL OC	CUPATION	DN .	-	181	. KIND OF BU	SINESS/INDUS	TRY	
(Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4 or 5	S		work done d			ing	E	rotest	tant-Ep	pisco	pal Chu
12th	Conege (1-4 or 5	*/	Boo	kkeep	oer				of the	Dioces	se of	Marylan
17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NA	ME (First,	Middle, Malden	Surname)		
	George	J. Jaco	bs				E1	sie	A. Lel	nman		
19a. INFORMANT'S NAME (Type/Print)	400ZAC			ADDRESS	(Street	and Numbe				m, State, Zip Co	ode)	
George J. Bec	k. Sr.	10.4	12	41 R	iver	Oak	s Dr	rive	Norfo	olk. V	irgir	ia 23502
20e. METHOD OF DISPOSITION		20b. PLAC	E AND DAT	E OF DISPO	SITION		-			CATION — CIT		
ŶŒBurial 2 ☐ Cremation 3 ☐ Ram 4 ☐ Donation 5 ☐ Other (Specify)	oval from State	of cometar	y. cremator	y or other pl	ace)	erv		9/2	3 Ba	ltimore	a Ma	ryland
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Load	011 10	22.1	NAME A	ND ADDRE	SS OF FA					RAL HOM
11. 11	(1			2/	521	D-11	~ D.					
Mary N	, cary	lenter						_			-	nd 2121
23. PART i. Enter the diseases, or a hock, or beart failure.	complications the List only one ca	at caused the d use on each lin	laath. Do	not antar	the mo	da of dy	ing, auc	ch aa car	diac or reap	iratory arrea	ıt,	Approximata interval Between
IMMEDIATE CAUSE (Final		- 0										Onset and Da
disease or condition reaulting in death)	a	-IKD	2									
		O (OR AS A CONS										
Sequentially list conditions,	b	O (OR AS A CONS										
if any, leading to immediate	DUE TO	OR AS % CONS	EOUENCE C	DF):								
CAUSE (Disease or injury	c. Due To	O (OR AS A CONS	E O A	Y ~~	L V.	~0~	3 , /3					
that initiated events resulting in death) LAST	T	Dr Krd	+	(n):								
	d	LKYO	2121									
PART II. Other algnificant condition	a contributing to	death but not	reaulting	in the un	dariyin	g cause	given in	Part I.	24e. WAS AF			RE AUTOPSY FINDI
									PERFO		CO	MILABLE PRIOR TO MPLETION OF CAUS
												DEATH?
											1	
25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF	DEATH (C	heck only a	one)			
EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER		no 5 🗆 B	Panidanca	a \square Out	er (Specify)			
27. MANNER OF DEATH	28e. DATE O	F INJURY	28b. TII	ME OF	28c. IN	JURY AT		_		INJURY OCCU	RED	
	(Month,	Day, Year)	- IN	JURY M		YES 2	□ NO	177				
1 Natural 5 Pending	200 DI ACE	OF INJURY — At I	nome, farm,	street, fact	ory, offi	ca		28f, LO	CATION (Street	and Number or	Rural Rout	Number,
2 Accident Investigation	ZOO. PLACE							City	y or Town, State)		
	building	, etc. (Specify)										
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide adearmined	building									San Se inse	-	
2 Accident 3 Suicide S Could not be determined 29e. CERTIFIER (Check only	building	of my knowledge,										
2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only	ICIAN: To the best of	of my knowledge,								nd due to the	cause(a) ar	od manner aa state

2018. Unt. 5tm

31. DATE FILED (Month, Day, Year)

BB OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ach lacremen moine

Lulia Davidson Randell

BALTIMORE, MARYLAND 21203-3146

	In.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		
21203-3146	TRIBING PHYSICIAN: The law requires that the death certificate be executed within x-mours after death. Page 6 may be retained by the hospital or attending physician.	d for use as the burial-tr		
, MARYLAND	be retained by the hosp	age 5 should be detache		be notified at once.
BALTIMORE, MARYLAND 21203-3146	after death. Page 6 may	by the funeral director, p.	moval.	man 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
13146,	pecuted within Astronomy	and completely filled in	I want the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	natic event, the med
P.O. BOX	ath certificate be	tending physician	al Hygiene prior to	or other traur
OMISION OF VITAL RECORDS, P.O. BOX 13146,	w requires that the de	been signed by the ar	pt. of Health and Ment	3 shows any Injury
N OF VITAL	IG PHYSICIAN: The la	ter this certificate has	ath with the State De	narked, or item 2.
OISTME	NUMBER	HECTHE AN	hours Amer des	18 18 IS II

0

SEP 2 0 1991

- 3	1. DECEDENT'S NAME (Firs	t, Middle, Last)						2. DATE	OF DEATH	N.	YEAD	3. TIME OF DEAT	н
	CARL BUSCH								MON	14	199	YEAR DI	9:50A	
	4. SOCIAL SECURITY NUM	BER	5. SEX		n yrs. leat birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH th, Day, Year)		8. BIRTH Country	PLACE (State or Fo	reign
	277-07-2860 9a. FACILITY NAME (If not it	makin atau atau	1 🔀 M 2 🗆 F		76 YRS.	21 21				DBER 21				
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2. VAMC PERRY POINT ND 21902 32 nepistran's signature June Dayldson-Randell

TO THE HOSPITAL OR ATTENDING PHYSIC TO THE FUNERAL DIRECTOR: After this cer be filed within 72 hours after death with the IMPORTANT: If them 28 is marked, o

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SICIAN: The law requires that the death certificate be executed within 27 rours after death. Page 6 may be retained by the hospital or attending physician	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 s In the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	and to see the second indicate the second second the medical experience must be notified of ones.
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	FOR	STATE OF MADVIAND	/ DEDART	MENT OF I	FAITH AND	APNITAL LIVOLEN	9	1	25552
	1 - STATE REGISTRAR	STATE OF MARYLAND /		CATE OF		MENIAL HIGIEN REG. NO	_		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	LV YE	3. T	IME OF DEATH
		izabeth Bedfo				09 18			4:15 a
	4. SOCIAL SECURITY NUMBER 213-74-1179	5. SEX 8. AGE (In yrs. In:		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1 / 1 4 / 1		Country)	E (State or Foreign
TOR	96. FACILITY NAME (If not institution, give str Pickersgill, RESIDENCE OF DECEDENT	Inc. 615 Ches	tnut	TOW	SON	ATH	9c. COUNTY Ba	of DEATH	
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT				100	INSIDE CITY LIMITS? YES XX NO
FUNERAL	615 Chestnut	Avenue		101	ZIP CODE 2120	4	10g. CITIZEN	S.A.	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 XXWidowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES XX IF YES, GIVE WAR OR DATES	RMED NO	If yes, sp		IIC ORIGIN? (Specify Year, Puerto Ricen, etc.)	s or No— 14.	Black, Wh	merican Indian, Ita, etc. Thite
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	completed) (G	ECEDENT'S US Give kind of wor a. Do NOT use		sewife	16b. KINO OF BU	Own Ho		
BE CON	17. FATHER'S NAME (First, Middle, Lest) William H				Ma	ME (First, Middle, Maiden rgaret A	. Gre		
TO B	19a. INFORMANT'S NAME (Type/Print) Pi Stephanie R.	ckersgill Home M King	MAILING A	Ches	nd Number or Rural I tnut Av		on, State, Zip Co.		204
	21. SIGNATURE OF PHERAL SERVICE OF A SERVICE	conflications that caused the d	e.	Ruck	de of dying, suc	10 Funeral Hothest cardiec or resp	me, Ind	c.	21204 Approximate interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	DUE TO (OR AS A CONSE	EOUENCE OF):		.nerow	D PICIM	KitC		ZNOW
MEDICAL CE	PART II. Other significant condition	s contributing to death but not				DEDEO	RMED?	COA	RE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE DEATH?
IN: MEI	RHEUMATOR	: summins;	DIFF	NOE					YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient	3 🗆 DOA	QTHER:	LACE OF DEATH (Ch				
ВУ РНУ	27. MANNER OF DEATH 1 Neturel 8 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	URY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	EO	
	3 Suicide 8 Could not be determined	28s. PLACE OF INJURY — At h building, etc. (Specify)	nome, farm, str	rest, factory, offic	•	28f. LOCATION (Street City or Town, State		Rural Route	Number,
COMPLETED	(Silveri Silveri	CIAN: To the best of my knowledge, d R: On the basis of examination and/or							I menner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	111- mp			29c. LICENSE NUI		29d. DATE S	IGNED (Mo	nth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHI		CH OD Gas (Dulad	2536	15-1	4	1,0	~1

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Edward Koza Pickersgill Home, Inc. 615 Chestnut Ave. 21204

SEP 2 0 19 32. REGISTRAR'S SIGNATURE 1991

DHMH-16 Rev 1/89

1 - STATE REGISTRAR

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DIVISION OF VITAL RECORDS, F.O. BOA 13146,	0	0
	HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 your	and the second of the second o
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	1. DECEDENT'S NAME (First, Middle, Las.	PEARL B.	BROWN			2. DATE OF DEATN MONTH D/	7 9	3. TIME OF OEATN		
	4, SOCIAL SECURITY NUMBER		(In yrs. last birthday)		F UNDER 24 HRS.	7. DATE OF BIRTIN (Month, Day, Year) 3/26/191	8.1	BIRTHPLACE (State or Foreign Country) BALTO., MI		
-	214-14-9029 96. FACILITY NAME (If not institution, give		72 THS.	9b. CITY, TOWN OR I	LOCATION OF DE		9c. COUNTY			
	3621 COTTAGE		s.)		MORE (
5 F	RESIDENCE OF DECEDENT 10a, STATE 10b, COUP	YTY	10c, CITY	, TOWN OR LOCATION	4		/	10d. INSIDE CITY		
DINECTOR	MARYLAND		BA	LTIMORE	CITY		4	1 XYES 2 NO		
1	10e. STREET AND NUMBER			10f. Z	P CODE	,	10g. CITIZEN	OF WHAT COUNTRY?		
5	3621 COTTAGE				2121			USA		
	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 10	If yes, speci	DENT OF NISPAN by Cuben, Mexica XNO Specifi	itC ORIGIN? (Specify Ye n, Puerto Rican, etc.) /:	1 or No- 14.	RACE — American Indien, Black, White, etc. Specify: BLACK		
COMPLETED	15. DECEDENT'S E (Specify only highest gra Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of v life. Do NOT us	USUAL OCCUPATION vork done during most on retired.)	of working	16b. KIND OF BU	SINESS/INDUS	TRY		
2	17. FATNER'S NAME (First, Middle, Last)				6. MOTNER'S NA	ME (First, Middle, Meiden	Surname)			
и II	EDWARD BROWN	V				BETH FLE				
2	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox				
	ANNA BROWN	1.						MD 21215 or Town, State		
	20a METHOD OF OISPOSITION 1 ABuriel 2 Cremetion 3 R 4 Donation 5 Other (Specify)	emoval from State	other place) KTNG MF.	MORIAL I				RE, MARYLAN		
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	/		and the latest and th					
	22. NAME AND ADDRESS OF FACILITY LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE 21207 23. PART i. lenter the diseases, or complications that daused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate									
	disease or condition resulting in death)	- Cirrh	S A CONSEQUENCE O	liuw				gen		
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	S A CONSEQUENCE O	F):						
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



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DIRECTOR

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the hospital or attending physician detached for use as the burial-tran	BY	3 Wildowed 4 Divorced	10/18/43	3]	10/31/4	5
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at o te	ШС		SDALE, SR.			
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retained 5 should notified	임	GLORIA BARKSDA	T.F.		196. MAILING ADD 4123 K	ATHI
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e 6 may rector, p		20a METHOO OF DISPOSITION 1 X Burlai 2 Cremetion 3 Rem	oval from State	20b. PLA	CE AND DATE OF DIS	SPOSITION
certificate be executed within 24 nours after death. Page 6 may certificate be executed within 24 nours after death. Page 6 may diverge pixion and completely filled in by the funeral director, partypiene prior to burial, cremation, or removal. other traumatic event, the medical examiner must b	0.0	4 Donatton 5 Other (Specify)		Gar	rison	rore
death. Page 6 ma funeral director, p. i. examiner must		21. SIGNATURE OF FUNERAL SERVICE LI	CENSER	-0	0	22. NAM
tuneral xamin		FOLD L	y. KULLE	20	1	LEF
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cate be hysicia prior	2	CAUSE (Disease or injury	e amon	11	Ambile	Ulan
certifical oding phy Hygiene p	쁜	thet initiated events	DUE TO (OR A	S A CON	ISEOUENCE OF):	(
E 8 - 0	CERTIFICATION	resulting in deeth) LAST	d. For	5+	COU	200
		DARTH ON 1 10	0.0		_0_	
E E E	MEDICAL	PART II. Other algorificent condition	e contributing to death	but n	ot resulting in the	e underi
that be the same and	용	MIDDIM				
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9 9 5 4						
1 1 2 2	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				-
CAR	힐	EXAMINER?	HOSPITAL:		OT	HER:
8 E 1 6	\ X	1 TYES 2 NO	1 -Impatient 2 - ER/O	utpation		Nursing I
至 是 日 日	F	27. MANNER OF GEATH	28a. DATE OF INJUR (Month, Day, Year		286. TIME OF INJURY	28c.
to him him with with with with	BY	1 Natural 5 Pending 2 Accident Investigation				M 1 [
S 4 8 8		3 Suicida 8 Could not be	28a. PLACE OF INJU	RY - AI	t home, farm, atreat,	factory, o
S sta	1	4 Homicide determined	building, atc. (S	pecify)		
OR J	Щ	29a, CERTIFIER				
로 걸었 =	COMPL		CIAN: To the best of my kn			
HOSPITAL FUNERAL Within 72 FANT: If	Ö	2 MEDICAL EXAMINE	R: On the besis of examine	tion and	or investigation, in	my opinio
포 등 🎉 🗲	0	29h SIGNATURE AND TITLE OF CERTIFIES				

in

31. DATE FILED (Month, Day, Year)

30. NAME AND ACORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1991

32. REGISTRAR'S SIGNATURE

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH Barks dale a Jr. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. a. BIRTHPLACE (State or Foreign 213-16-6935 DAYS HOURS 1 M 2 - F 68 1/21/1923 Virginia 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH University Hospital Baltimore City 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE CITY 1 X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 4123 KATHLAND AVENUE 21207 USA DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. , specify Cuban, Mexican, Puarto Rican, etc.) YES 2 X NO Specify: Specify: BLACK PATION g most of working 16b. KINO OF BUSINESS/INDUSTRY 18. MOTHER'S NAME (First, Middle, Maiden Surname) eet and Number or Rural Route Number, City or Town, State, Zip Code) LAND AVE BALTIMORE, MD 21207 OATE 20c. LOCATION - City or Town, State est Vet. Cem. Owings Mills, MD E ANO ADDRESS OF FACILITY ROY O. DYETT & SON FUNERAL HOME 00 LIBERTY HEIGHTS AVENUE mode of dying, auch as cardiec or respiratory arrest, Approximate Intervel Between **Onast and Death** Knows source Per toreal drays. ying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO . PLACE OF DEATH (Check only one) forme 5 - Rasidenca 8 - Other (Specify) INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO YES 2 NO 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) fate and place, and due to the cause(s) and manner as stated. n, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

FOR

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG.	NO.				
	1. OECEDENT® - AME (First, Middle, Last)	EDI	ITH E. (CARR		2. DATE OF DEATH	PAY 10	YEAR 1 0 0 1	3. TIME OF DEATH 7:25 A. M		
	4. SOCIAL SECURITY NUMBER 5. SEX	-	rrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			IPLACE (State or Foreign		
	218-12-7404 1 D M 2	1 M 2V F MONTHS DAYS HOURS MIN. (MORRIN, One Man's									
	9e. FACILITY NAME (If not institution, give street end numb	97)	-	9b. CITY, TOWN (OR LOCATION OF OE			JNTY OF D	RYLAND		
OB.	ST. AGNES HOSPITAL				BALTIMORI						
5	RESIDENCE OF DECEDENT	RESIDENCE OF DECEDENT									
DIRECTOR	10e. STATE 10b. COUNTY		10c, C(T)	r, TOWN OR LOCAT	TION				10d, INSIGE CITY LIMITS?		
	MARYLAND BALTIM 100. STREET AND NUMBER	ORE		WOOD	LAWN			1 YES 2X NO			
RA	106. STHEET AND NUMBER	F/11 *			. ZIP CODE		t0g. CIT	IZEN OF V	VHAT COUNTRY?		
FUNERAL	11. MARITAL STATUS 12 WAS DE-		MONTBEL		21207			U.S.	. A.		
	1 Never Married 2 Merried FORCES	EOENT EVER IN U.	NO NO	13. WAS DEC	ENDENT OF HISPAN ecify Cuban, Maxicer	IC ORIGIN? (Specify	Yee or No-	14, RACE Black	- American Indian, t, White, etc.		
B	3 🔀 Widowed 4 🗌 Divorced	IVE WAR OR DATE	st	1 TYES	2 XNO Specify	,	'	Speci			
0	15. DECEOENT'S EQUICATION	18	e. OECEDENT'S	USUAL OCCUPATION	N .	165 KIND OF	BUSINESS/IN		MULTE		
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4)		(Give kind of w life. Do NOT us	vork done during mo e retired.)	st of working	IOD. KIND OF	BUSINESS/IN	DUSTRY			
릴	12		SECRET	CARY		S.	5.A.				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	ME (First, Middle, Ma					
BEC	GEORGE E. IMHOFF					ET V. DEI					
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street e	nd Number or Rural R			p Code)			
임	MARGARET SLACK (DAUGH	rer)			, SYKESVII			21784	4		
	20g, METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 C Removal from Sta	20b. PL	ACE AND DATE O	F DISPOSITION (Na	me of		LOCATION -				
	4 □ Donation 5 □ Other (Specify)	ME'A	DOWRIDG	EE CEMET		/21/91 X					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	(-)	0	22. NAME AN	O AODRESS OF FAC	YTI IE					
	* fusellan	X	2	1630	M. & RUS EDMONDSON	SSELL C.	CATON	E FUN	VERAL HOMES		
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate										
	ahock, or heert feiliure. List only on IMMEDIATE CAUSE (Final	cause on each	iine,				-p	,	intarval Between		
	At .	Rimin	dead	4					Onset and Death		
	resulting in death) a. Brain death, DUE TO (OR AS A CONSEQUENCE OF):										
z	Mod. Large left hemisphere infraction										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
5	DUE TO (OR AS A CONSEQUENCE OF): Mod. Large left hemisphere infarction DUE TO (OR AS A CONSEQUENCE OF): Left commen carofid occlusion DUE TO (OR AS A CONSEQUENCE OF): Left commen carofid occlusion DUE TO (OR AS A CONSEQUENCE OF):										
E	thet initiated events resulting in death) LAST	E TO (OR AS A CO	NSEQUENCE OF):							
E	d. A	rterio	sclev	2120							
	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS										
EDICAL	Right external country of lution Performed? AMAL										
	OF DEATH?										
Σ.											
A	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)										
Sic	EXAMINER? 1 YES 2 NO 1 Department	2 ER/Outpatie	nt 3 🗆 DOA	OTHER:							
PHYSICIAN:	27. MANNER OF DEATH 280. DAT	E OF INJURY	28b, TIME	OF 28c. INJU	5 Residence 8	28d. OESCRIBE HO	W INJURY OC	CURED			
ВУ	1 Natural 5 Pending	nth, Day, Year)	INJU		RK?			COTILD	i		
	3 Sublide 28. PLACE OF INJURY — At home farm street factory office.							nute Number			
COMPLETED	3 Suicide 8 Could not be determined City or Town, Steel State of S										
ا ي	296. CERTIFIER 1 CERTIFYING PHYSICIAN: To the heat of the house of the										
\$ 1	CERTIFIEN (Check only one) 1 CERTIFYING PHYSICIAN: To the beet of my knowledge, death occurred at the time, date and place, end due to the cause(a) and menner se stated. 2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) end manner se stated.										
8	Levis Levalle	1. M.	2		29c. LICENSE NUME	BER	29d. DAT		(Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED	CAUSE OF DEATH	(ITEM 27) /Eme	Print)		1			19/91		
	31. DATE FILED (Month, Day, Year) 132 BEGI	ave	2.	1 to 10	1 2,225	· / To.	VO-F	. (-	1/dem		
	31. DATE FILED (Month, Day, Year) 32. REGI	STRAR'S SIGNATUR	RE LICEL	10, M.	0 2122	7/ 500	.616		MUTEN		
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	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should by filed within 72 hours after death with the State Deot, of Health and Mental Hygiene prior to burial, cremation, or removal.	nonverse. It is not be readed as the not shown one interest to the market the market aromines must be notified as
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25556 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last, 2. DATE OF DEATH 3. TIME OF DEATH YEAR ean 1a: 45 A" 270 q 91 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) B. BIRTHPLACE (State or Foreign Country)

Baltimore MONTHS DAYS MIN. 9 1 🗆 M 2 🍑 F 215-46-554 11-3 9a FACILITY NAME (If not institution 96. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH Stell RESIDENCE OF Baltimore DIRECTOR Dylanev Valley Q. Oa. STATE 10c_CITY, TOWN OR LOCATION 10d. INSIDE CITY AHIMORE 1 YES 2 NO NW50X FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 101. ZIP CODE 12. WAS DECEDENT EVER IN U.S. ADMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. If yes, specify Cubs Never Married 2 Married Specify BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 165 KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 8+) 0+7 MEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) UTIONETTE nom AS FOPPIANO BE 2 14,#308 SouthERL 21204 Towson 20e METHOD OF DISPOSITION 1 Burial 2 Cremation 20b PLACE AND DATE OF DISPOSITION (Name OATE 20c. LOCATION — City or Town, State 3 🗆 BAHO dra! 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 4015. Chester St EOWARD J. WEBER F.H. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cerdiec or respiratory arrest, shock, or haert fellure. List only one ceuse on each line. Approximata Interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition resulting in death) icrocytic Leukemia Acute CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 Nursing Home 8 - Residence 8 - Other (Specify) nt 2 DEN 3 DOA 27. MANNER OF DEATH 28a. DATE OF INCUSTY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 8 Pending Investiga 1 YES 2 NO BY 2 Accident 3 Suicide 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc.\(\text{Case} \) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the beat of my death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of ex n, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated, 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNEO (Month, Day, Year) BE 550 akhuda -17-91 2

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WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32-REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

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TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detached ral.	IV INT. WITH THE TRIEF THIS CENTRICATE HAS DEED SIGNED BY THE ATTENDING PRYSICIAN AND COMPIGEDY INIED IN DY, THE FUNERAL DIRECTOR, Page 5 Should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
er death. Page 6 may be retained by the hosp	TO THE FIGURAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hosp

	1 - STATE REGISTRAR	STATE OF N	IARYLAND /	DEPAR	RTMENT	OF H	IEALTH A	ND ME	NTAL HYGIE!		1 2	25557	
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) FLORENCE	OTTMAN							DATE OF DEATH	DAY 19	YEAR 91	3. TIME OF DEATH	
	217-16-6517	5. SEX 1 □ M 2 5 □ □	5. SEX 6. AGE (In yrs. last birthday) 1 N 2 R SHORT AND ART SHORT AND						S. BIRTHP	DEPTHPLACE (State or Foreign Md.			
TOR	98. FACILITY NAME (If not institution, give s THE JOHNS HOPK RESIDENCE OF DECEDENT		TAL				IMORE	OF DEATH		9c. COUN BAI	TIMO		
DIRECTOR	Maryland 106. count	Υ		10c. CITY, TOWN OR LOCATION Baltimore							- 1	10d. INSIDE CITY LIMITS?	
FUNERAL	100. STREET AND NUMBER 4609 Maine Ave						212		Ţ	EN OF WI	HAT COUNTRY?		
B	1 MARTIAL STATUS 1 Never Merried 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 X	RMED NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:						4. RACE Black,	American Indian, White, etc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +	(G	CEDENT'S live kind of v . Do NOT us	work done i	CCUPATIO	on st of working		16b. KIND OF BU	SINESS/INDU	STRY		
Ö	17. FATHER'S NAME (First, Middle, Last)			 ;			18. MOTHER	R'S NAME (First, Middle, Maider	Sumame)			
BE C	Charles Jone	5							Johnso	•			
10	190. INFORMANT'S NAME (Type/Print) William M. C		199	b. MAILING 316	ADDRESS W .	(Street a	nd Number or Stre	Aural Route et	Number City or Tow Wilmin	gton,	De	1. 19805	
	20n. METHOD OF DISPOSITION 14 Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OP-FUNERAL SERVICE LIK		206. PLACE / cemetery, cre Mart		uther place)	er I	King		Bal	cation — ci .timo:	,	Maryland	
	Leray &	2. De	utt	er.	L	eroj 600	Libe	Dyet	t & So Height	s Ave	nue		
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Lung	e on aech line	ZOM OUENCE OF	(Sx				cerdiac or reep	Iratory srre	nt,	Approximate Intervel Between Onsat and Death	
CERTIFICATION	CAUSE (Disease or Injury that initiated evente reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):												
BY PHYSICIAN: MEDICAL	PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in						en In Part	Part 1. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO			Ab. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		*1	OTHER		ACE OF DEAT	H (Check or	nly one)				
IYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 🗆			4 🗆 Nurs		5 🗆 Reside	ence 8 🗆	Other (Specify)				
₹ P	1 Netural 5 Pending 2 Accident Investigation	28b. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK?						277	28d. DEŞCRIBE HOW INJURY OCCURED				
	3 Suicide S Could not be determined Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									te Number,			
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated.										nd manner as steted.		
TO BE (296. SIGNATURE AND TITLE OF CERTIFIER M Bayle MD 29c. LICENSE NI J7949							NUMBER 29d. DATE SIGNED			fonth, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO M Bay MD 31. DATE FILED (Mohth, Day, Year)	Johns Johns Jag. REGISTRAR	LODIGIAS S SIGNATURE	Mas	Print)	P	600 1	4. W	offe St.	Bu	Knou	MD	
	SEP 2 0 1991	Julia Davids	n- Randel	2									



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TO BE COMPLETED BY FUNERAL DIRECTOR

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYL		CATE O			REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last						2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH
ETHEL	A'LMA	DAUSING	ER			9 16	91	530 PM
4. SOCIAL SECURITY NUMBER 216-12-8880		(in yrs. lest birthday)	MONTHS DAY	- T	4 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-07-1909	Coun	HPLACE (State or Foreign itry)
9a. FACILITY NAME (If not institution, give		YRS.						aryland
		tak		n or location Etimore			9c. COUNTY OF	DEATH
Francis Scott Ke	g meateat ten	rei	bu	MINONE		Ly		
10e. STATE 10b. COUN		10c. CIT	Y, TOWN OR LO	CATION				10d. INSIDE CITY LIMITS?
	timore		Dundall					1 TYES 2 NO
100. STREET AND NUMBER	0			101. ZIP CODE	,			WHAT COUNTRY?
1900 Merritt Bou	12. WAS DECEDENT EVER II	A II S ADMED	12 446	21 222		ORIGIN? (Specify Yea o	USA	No. American Ladies
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	if yes,		, Mexican,	Puarto Rican, atc.)	Ble	CE American Indian, ok, White, etc. City: White
15. DECEDENT'S EC (Specify only highest gre	UCATION de completed)	16a. DECEDENT'S	USUAL OCCUP	ATION most of working		16b. KIND OF BUSIN	IESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT us	e retired.)					
	College	Substi	tute Te					ed of Educ.
17. FATHER'S NAME (First, Middle, Last)				1110/14		E (First, Middle, Malden Su		
George Dorrett 190, INFORMANT'S NAME (TYDO/Print)		T 405 MAII INC	ADDRESS (Co.			rginia War		
Bertrand W. Daus	inaat					e. Freeland		01052
20a. METHOD OF DISPOSITION	20	b. PLACE AND DATE	E OF DISPOSITI	ON (Name	enue		TION — City or 1	Z I U D D Town, State
1 X Buriel 2 Cremation 3 Re 4 Donation 6 Other (Specify)	movel from State	ak Lawn	Cemetes	ш		9/21 Balt	imore.	Maruland
21. SIGNATURE OF FUNERAL SERVICE		/	22. NAME	AND ADDRES	S OF FAC	LITY		
23. PART i. Enter the diseases, o	1. Foh		7922	? Wise	Aver	eral Home o nue, Baltin	nore, MI	21222
IMMEDIATE CAUSE (Final disesse or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	s. CINGES DUE TO OR AS A DUE TO OR AS A DUE TO OR AS A d.		Pie	do Si	se	ose		Interval Between Onset end Daeth
PART II. Other eignificant conditi	one contributing to death the Curre Curre					Part I. 24a. WAS AN A PERFORM 1 UYES 2	ED?	Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBITA			. PLACE OF DE	ATH (Che	ck only one)		
1 U YES 2 10	HOSPITAL: 1 Inputient 2 ER/Out	petient 3 DOA	OTHER:	lome 5 🗆 Res	sidence (Other (Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	JURY	INJURY AT WORK?	NO	28d. DESCRIBE HOW IN.	JURY OCCURED	
3 Suicide 6 Could not be determined	26s. PLACE OF INJUR' building, atc. (Spe	Y — At home, farm, cify)	atreet, factory, o	offica		281. LOCATION (Street and City or Town, State)	d Number or Rura	l Route Number,
29b. SIGNATURE AND TITLE OF CERTIF	withm	earth (ITEM 27) (Type	on, in my opinio	29c. LICE	d at the t	lme, date and place, and	due to the cause 29d. DATE SIGNE 9-/	ED (Month, Day, Year) 7-9/ 2/2-1-4



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	law requires that the death certificate be
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INISION OF VITAL RECORDS, F.O. BOA 13130	ITENDING PHYSICIAN:
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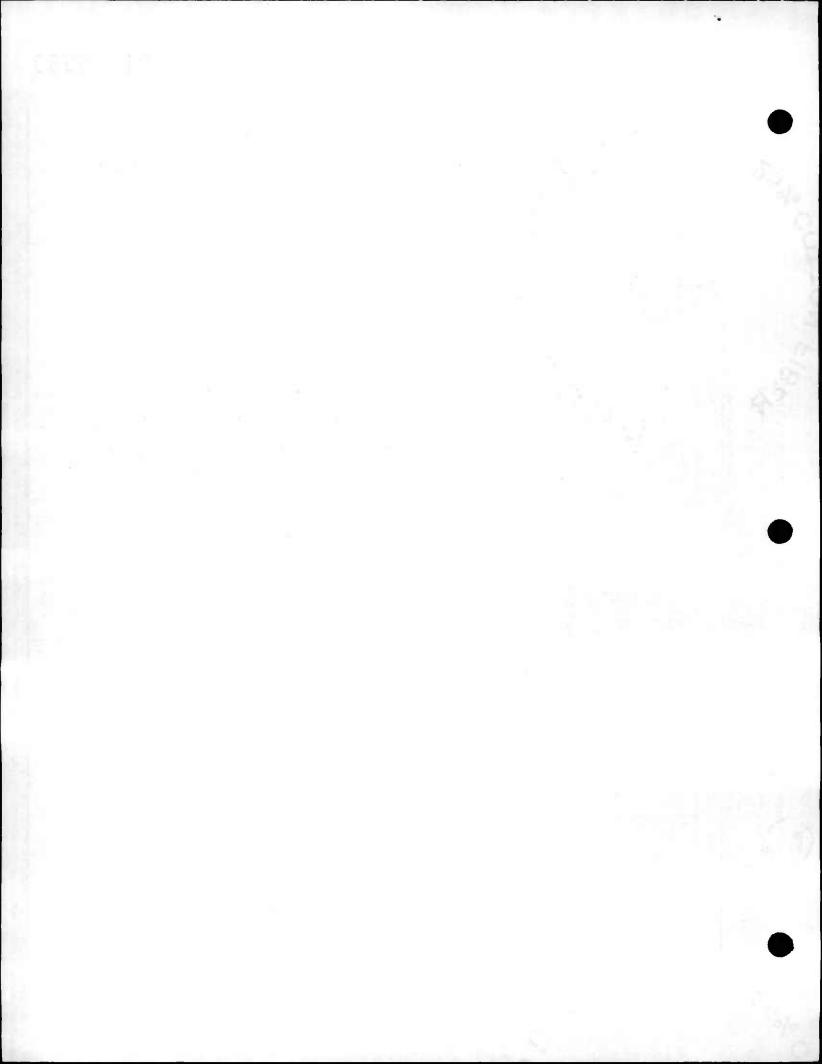
TO THE HOST ME OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. after death. Page 6 may be retained by the hospital or attending physician.

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL H	YGIENE
	CERTIFICATE OF DEATH	EG. NO.

	1 - STATE REGISTRAR	STATE OF MAR		IFICATE					REG. NO.	=		
	1. DECEDENT'S NAME (First, Middle, Lest)		100					2. DATE OF	F DEATH		YEAR 3	3. TIME OF DEATH
	Nunzia	DiBari						Sept.	. 17	, 1	991	м
4					rthday) IF UNDER 1 YEAR IF UNDER 24 HRS.			7. DATE OF BIRTH (Month, Day, Year)			8. BIRTHPL Country)	LACE (State or Foreign
	211 10 3203		100 YRS	S.				Feb.	27,18		Ita	ly
_	9e. FACILITY NAME (If not institution, give stree			9b. CITY,		OR LOCATIO		ATH			timor	
5	6716 Collinsdale	Road			Pà	rkvi]	i i e			Dai	THIOT	е
EC	10a. STATE 10b. COUNTY		10c.	CITY, TOWN O	OR LOCAT							10d. INSIDE CITY
PHO	Maryland Ba	altimore				[Park	ville			1	LIMITS?
AL	10e. STREET AND NUMBER				101	, ZIP CODE	P CODE 10g. CITIZE					IAT COUNTRY?
FUNERAL DIRECTOR	6716 Collinsda	le Road						21234		US	Α	
2		12. WAS DECEDENT EV FORCES? 1		13. 1	WAS OEC	ENDENT O	F HISPAN	NIC ORIGIN? (on, Puerto Ric	(Specify Yes	or No-	14. RACE - Black,	- American Indian, White, etc.
ВУ Б	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR		1	1 TES	2 NO	Specify		mit, bree;		Specify	hite
	15. DECEDENT'S EDUCAT	TION	- 11	IT'S USUAL OC	CCUPATIO	ON		1 18b. F	IND OF BUS	INFSS/IN	DUSTRY	III CE
ETE	(Specify only highest grade co		(Give kind	of work done of OT use retired.)	during mo	at of workin	g					
3	Blementa Postonicary (0-12)	College (I-C O. J.F.)	Unkno	own								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTE	HER'S NA	ME (First, Mid	idle, Maiden	Sumeme)		
BE C	Francesco DiBari	<u> </u>				Mor	nti	Apollo	onia			
TO B	190. INFORMANT'S NAME (Type/Print)			LING ADDRESS								
-	Maria DiLeonardi			6 Coll				d Ba				
	20e METHOD OF DISPOSITION 1 D Burial 2 Cremation 3 Remove	al from State	Mono Land	POSITION (Ne	me of cer	netery, crem	natory or	100	20c. LO	CATION -	- City or Tow	n, State
	4 Donation 5 Other (Specify)	nese	More Tand	Memor	ldi	Sept	C. CU	, 199	Il Ra I	timo	re, M	d.
	9/ 100	# A										21214
	Hank 2 V	rekel										ford Road
	23. PART i. Enter the disesses, or cor shock, or heart fallure. Lis			o not enter	the mo	de of dyl	ing, sucl	h ss cerdie	c or respi	ratory si	rrest,	Approximate interval Between
	IMMEDIATE CAUSE (Finsi disease or condition	Model	GEST,	NIE	_ ~	40	ne	25	CAI	115	PE	Onset and Deeth
	resulting in desth) s.	DUE 70 (00	AC A CONCECUENC	or or							~	
_	Sequentielly list conditions, if any, leading to immediate Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):											j
Ó												
S	CAUSE (Disease of Injury										<u> </u>	
트	that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	d.											
اد	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE											
DICAL	DEM	ENTIR	7						1 TYES 2		1 .	COMPLETION OF CAUSE OF DEATH?
MEI											1	1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER		LACE OF D	EATH (Ch	heck only one)				
YSI	1 YES 2 NO 1	1 Inpatient 2 ER		DA 4 🗆 Nun	raing Hon		esidence	6 Other (
	27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJ (Month, Day,)		TIME OF INJURY	WC	JURY AT ORIC?	7	28d. DESC	RIBE HOW I	NJURY O	CCURED	
BY	2 Accident Investigation	284 PLACE OF III	Military — Al home to			YES 2	NO	201 1.004	TION (Street	- not Manuals	or Rural B	Mismhar
ED	3 Suicide 6 Could not be 4 Homicide determined										oute Number,	
F	290. CERTIFIER 1 CERTIFYING PHYSICI	To the book of my	*		-4 1414	1 also						
COMPLETED	(Check only one) 2 MEDICAL EXAMPLE	- 1										end manner ex stated.
	296. SIGNATURE AND TITLE OF CURTIFIER						ENSE NUI			-	1	,
BE	Fru	un				20	83	UMBER 29d. DATE SIGNED (Month)				191
2	30. NAME AND ACCRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM 27)	(Type, Print)				/ /		11	1	/ //
	Dr. Luis E. River		5714 Ha		Roa	d Ba	altir	more,	Mary!	land		
	SEP 2.0 1991	32. REGISTRAR'S	signature mandale									
		-MINNO A SUINMENDE	W-Mailwoon									



A THE NOTING PHYSICIAN; The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21215-0020

DIWISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSE MANNET AND INSTITATION TO PHYSICIAN. The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be fied within a completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be fied within a completely filled within a completely filled in the completely filled at once.

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1 -	FOR			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH		REG. NO.		
1	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF	DEATH	-	3. TIME OF DEATH
	Gail Vi	ginia	Ever	0++0		MONTH () 9	1 O	YEAR	0 47 2 1
	4. SOCIAL SECURITY NUMBER	7	GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	19	1991	HPLACE (State or Foreign
	219-52-2539	1 🗆 M 2xxxF	43 YRS.	MONTHS DAYS	HOURS MIN.	(Month, D	ley, Year)	Count	(ry)
	9a. FACILITY NAME (If not institution, give			Feb 5,	1948	M	aryland		
oc	ve Actes 1 Towne (if not maintage), give	96. CITY, TOWN	OR LOCATION OF DE	ATH	9c. C	OUNTY OF D	DEATH		
2	1017 Valley St	reet		Balt	imore				
ည္ မ	10a. STATE 10b. COUN		40.000						
DIRECTOR			10c, C11	, TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMBER		Bal	timore					TXX YES 2 NO
A.				10	. ZIP CODE		10g. 0	CITIZEN OF	WHAT COUNTRY?
y y	1017 Valley Stre	eet			21202			U.S.	Δ
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (S	Specify Yea or No.		E — American Indian, k, White, etc.
ВУ	Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 1 Y	R DATES	It yes, sp	ecify Cuban, Maxicas 2 NO Specify	n, Puerto Rice	in, etc.)	Spec	
	3 Widowed 4 Divorced							Spec	Black
E	15. DECEOENT'S EO (Specify only highest grad	UCATION fe completed	18a. DECEOENT'S	USUAL OCCUPATION	ON	16b. KII	ND OF BUSINESS/	INDUSTRY	DIGCK
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	rork done during mo e retired.)	ist of working				
<u>a</u>	6th Grade		line	mployed					
ō	17. FATHER'S NAME (First, Middle, Last)		ÇIR	inproyed	16 MOTHER'S MAI	AE (Elm) Adda	lle, Maiden Surname		
	Thurman Everet	. 4-			ı		ne, Maiden Surname	9}	
B	19a. INFORMANT'S NAME (Type/Print)				Mazie 1				
2					nd Number or Rural F				
	Massey Boone		3642 I	ochearn	Drive	Balt	imore,	MD 2:	1207
	20a. METHOD OF DISPOSITION XX Burial 2 Cremation 3 Rer	novet from State	20b. PLACE AND DATE O			OATE	20c. LOCATION	- City or To	own, Stata
}	4 Donation 5 Other (Specify)	I	Western St	ar Ceme	terv	9/23	Baltime	ore.	Maryland
	21. SIGNATURE F FUNERAL SERVICE L	ICENSEE /	Gemetery, cremetory or of Western St	22. NAME AI	O ADDRESS OF FAC	HUTY Nut	ter Fund	eral	Homes Inc.
	> + + +	15	Ar	230T	Gwynns 1	ralls	Parkway		
-	23. PART I. Enter the diseases, or	1 cm	11 -	Balt	imore, Ma	arylan	d 2121	6	
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition reculting in death) e. Casculate Cause (Final disease or condition out to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Due to (or as a consequence of): Due to (or as a consequence of):								
ERI	resulting in death) LAST	d							
	PART II Other eignificent condition	no contribution to disc							
: MEDICAL	Chonic	aleo	holian	the underlying	ceuse given in i		PERFORMED?	Y 24b	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ATYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				ACE OF BEATTI	1			
2	EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Che				
ž I	27. MANNER OF OEATH	1 Inpatient 2 ER/C			5 K Realdence (Other (Sp	ecify)		
BY PI	1 Natural 5 Pending	28a. DATE OF INJU! (Month, Day, Yea	RY 28b. TIME	RY WO	JRY AT RK? ES 2 NO	28d. DESCRI	BE HOW INJURY O	CCURED	
							loute Number,		
9	29a. CERTIFIER			_					
COMPLETED	(Check only	ICIAN: To the best of my kr ER: On the basis of exemina	owledge, death occurred	at the time, date , in my opinion, d	and place, and due t	o the cause(s) and menner as a	tated.	and manner on state of
	296. SIGNATURE AND TITLE OF CHITIFIE								
BE	1 -13	Sich			29c. LICENSE NUMI	BER	29d. D/	ATE SIGNED	(Month, Day, Year)
၉	20 NAME (INO ADDRESS STATES	170	1		O.C.M.	Ε.		09 19	9 1991
	30. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, I	Print)					
	A-M-D	(XEN)	111	Penn	Street	. Bal	timore	Mars	yland 2120
	31. DATE FILEO (Month-Day, Year)	32. REGISTRAR'S SI		7777				LIUL	7 1 4114 2120
1	SEP 2.0.1991	Julia Davida	n-Randell						
		The same in the latter							

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death

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within 72 h

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91 25561 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO. REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Dale Wayne Engles Sept 09 1991 7:30 P 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) Sept 7,1927 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURE MIN 1 X M 2 - F YRS. 161 20 1255 York 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 10666 Worcester Hwy Berlin Worcester 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md Worcester Berlin 1 YES 2 YNO FUNERAL 10e. STREET AND NUMBER 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 10666 Worcester Highway 21811 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried If yes, specify Cuben, Mexican, Pu Specify: White BY 3 Widowed 4 Olvorced WWII Navy COMPLETED 15. OECEOENT'S EDUCATION (Specify only highest grade complete 18a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 186. KIND OF BUSINESS/INDUSTRY Elamentery/Secondary (0-12) College (1-4 or 5+) 11 Truck Driver Freight 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Walter Engles Laura Secrist BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Yvonne Pearl Ritter Engles 10666 Worcester Hwy, Berlin, Md. 20e. METHOD OF DISPOSITION
1 2 Burlel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State 1 Burlel 2 Cremation 5 Other (Specify) Greenmount Cemetery York. PA 17404 21. SIGNATURE OF FIGUREAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Burbage Funeral Home 108 Williams St., Berlin, Md. Julas 21811 23. PART i. Enter the diseases, or complications the caused tha death. Do not anter the mode of dying, such as cardisc or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. interval Between Onset and Desth IMMEDIATE CAUSE (Final disease or condition (archae arest MINS reaulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): MOS CERTIFICATION Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING YRS Car CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events reaulting in death) LAST PART il. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL MAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 TYES 2 NO PHYSICIAN:

	RRED TO MEDICAL		26. PLACE OF DEATH (Check only one)							
EXAMINER?	NO	HOSPITAL: 1 Inpatient 2 ER/Outpetient 3	OTH	ER: lursing Home 5 - Raeldanca	8 Other (Specify)					
7. MANNER OF OEA 1 Natural 2 Accident	TH 5 Pending Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED					
3 Suicide 4 Homicide	8 Could not be determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street,	actory, offica	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					

1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and manner ee atated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

296. SIONATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIONEO (Month, Day, Year) Small M. ann 9/11 W3311

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DONALD 31. DATE FILED-(Menth, Day, Year)

32. REGISTRAR'S SIGNATURE Davidson-Randell 1991

1807 10

7.0___

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTI							
1. DECEDENT'S NAME (First, Middle, Last)	MILTON	S. FOR	RES	3-		2. DATE OF DEATH MONTH	AY 12	YEAR 3.	TIME OF DEATH
4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthde)	_		IF UNDER 24 HRS.	7. DATE OF BIRTH	_		ACE (State or Foreign
218-28-6331	X M 2 D F	57 YRS.	MONTHS	DAYS	HOURS MIN.	Oct 18, 1	022	Country)	
9a. FACILITY NAME (If not institution, give str		9h CITY	r TOWN D	R LOCATION OF D			Y OF DEAT	ryland	
University Hos					more				
RESIDENCE OF DECEDENT	spitai			alti	more		1		
10a. STATE 10b. COUNTY	A Pro-	10c. C	HY, TOWN	OR LOCATI	IDN			10	d. INSIDE CITY LIMITS?
Maryland Bal	ltimore				R	eisterst	own	17	YES 2 NO
10s. STREET AND NUMBER			101.	ZIP CODE	01000150			T COUNTRY?	
100 Hammershir	re Road				2113	6		11 0	S. A.
11. MARITAL STATUS	12. WAS DECEDENT EVE	ER IN U.S. ARMED	13.	WAS DEC	ENDENT OF HISPA	NIC DRIGIN? (Specify Ye	e or No— 1	4. RACE —	American Indian.
1 Never Married 2 Merried	FORCES? 1 Y				cify Cuban, Mexico 2 ND Specia	on, Puerto Rican, atc.)		Black, W Specify:	/hita, atc.
3 Widowed 4 Divorced	n veg ave real	T DATE O			Z NO Opeca	,.		opoury.	Black
15. DECEDENT'S EDUC		16e. DECEDENT	'S USUAL O	CCUPATIO	N	16b. KIND OF BL	SINESS/INDU	STRY	-2007
(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT	of work done use retired.)	auring mos	st of working				
12th Grade		Elect	roni	с Те	chnici	an Beth	1ehem	1 Ste	el Corr
17. FATHER'S NAME (First, Middle, Last)		1 - 1 0 0 0				ME (First, Middle, Maider			COLU
Marshall Forre	ost.				Fran	ces Will	iama		
19e. INFORMANT'S NAME (Type/Print)	-50	196, MAILI	NG ADDRES	S (Street at	nd Number or Rural	Route Number, City or Tox	vn. State. Zio (Code) 2.1	1126
Shirely Payne									
		20b. PLACE AND DA				oad Rei	Sters		
20e. METHOD OF DISPOSITION 1) Burlet 2 Cremetion 3 Remo	oval from State	of cemetary, cremate	ory or other i	place)	(Name				
4 Donation 5 Other (Specify)		St. Luk	es'			9/17kei	sters	town	1.MD
Dares L	Rollin	2	4	201	GWYNNS	Falls P	arkwa	IV	Homes
23. PART Enter the diseeses, or co	omplications that cau	sed the death. D	o not ente	r the mos	de of dylan au	th ea cerdlec or rear	iretory arre	at .	Approximeta
shock, or fleart fellure. L	per de partie de la constante								Interval Between Onset and Dear
disease or condition resulting in death)	Gas	houses	had	be	ud				8 day
disease or condition	DUE TO (OR	AS A CONSEDUENCE	tral	1	ud				8 day
disease or condition resulting in death)	DUE TO (OR A	toutch as a conseduence	roel	be El	cance	<u> </u>			8 day
disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate	DUE TO (OR A	AS A CONSEDUENCE AS A CONSEDUENCE AS A CONSEDUENCE	roel	il be	cance	マー			8 day
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (DR /	AS'A CONSEDUENCE	or O	bi il	cance	r			8 day
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (DR /	AS A CONSEQUENCE	or O	be al	cance	r			8 day
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (DR /	AS'A CONSEDUENCE	or O	be il	cance	2			8 day
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR /	AS'A CONSEDUENCE	: OF):						8 day
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR /	AS'A CONSEDUENCE	: OF):			Part I. 24a, WAS A	N AUTOPSY RMED?	A	8 day
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR /	AS'A CONSEDUENCE	: OF):			Part I. 24a, WAS A	RMED?	Al CI	8 day
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR /	AS'A CONSEDUENCE	: OF):			Part I. 24a, WAS A	RMED?	AA CI OI	8 day
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR /	AS A CONSEQUENCE	OTHE	nderiyinç 28. PL	g cause given in	Part I. 24a, WAS A PERFO	RMED?	AA CI	8 day
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other aignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR /	AS A CONSEQUENCE th but not resulting Outpetient 3 □ DO/	OTHE	nderiying 28, PL R: Irsing Hom	ace of DEATH (C)	Part I. 24a. WAS A PERFO	PRMED?	AM CI	8 day
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other aignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 6 Pending	DUE TO (OR /	AS A CONSEQUENCE th but not resulting Outpetient 3 □ DO/	OF):	28. PL FR: raing Hom 28c. INJ	ACE OF DEATH (C	Part I. 24a. WAS A PERFO 1 YES 1 Neck only one)	PRMED?	AM CI	8 day
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BALTIMORE, J

il examiner must be notified at ence.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
val.	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,
the funeral director page 5 and 100 detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral morns are served.
er death. Page 6 may present that hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may require that the death certificate be executed within 24 hours after death. Page 6 may require the page 100 hours after death.
BALTIMORE, MARKLAND	DIVISION OF VITAL RECORDS, P.O. BOX 68760, E

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC	MENT OF H	EALTH AND	MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, L			2. DATE OF DEATH		3. TIME OF DEATH		
	ERNESTINE 4. SOCIAL SECURITY NUMBER	M. FRANCE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	09		12:30A M
	215-10-6362 99. FACILITY NAME (# not institution, g	1 □ M 2 🂢 F	77 YRS.	7. DATE OF BIRTH (Month, Day, Year) 04-19-14 6. BIRTHPLACE (State or For Country) MARYLAND				
TOR	FREDERICK VILLA	NURSING HOME			NSVILLE		BALT:	
DIRECTOR	MARYLAND BAL	UNTY		TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
JNE	312 MARDO AVENU	12. WAS DECEDENT EVER	N II C ADMED	140 11110 000	21227		U.S.A	
ВУ	1 Never Merried 2 Merried 3XXWidowed 4 Divorced	FORCES? 1 YES	2 X NO	13. WAS DEC It yes, spe 1 TYES	cify Cuben, Maxic	ANIC ORIGIN? (Specify 1) an, Puerto Rican, etc.) ify:	es or No— 14.	. RACE — American Indian, Black, Whita, etc. Specify: WHITE
TED	15. DECEDENT'S (Specify only highest g	EDUCATION rade completed)	16e. DECEDENT'S US	SUAL OCCUPATIO	ON st of wacking	16b. KIND OF B	USINESS/INDUS	
COMPLETED	Elementary/Secondary (0-12) 12TH	College (1-4 or 5+)	CLERICA	retired.)	or working	DETTAT	т	
OM	17. FATHER'S NAME (First, Middle, Lest)		CHERTCA	<u></u>	18. MOTHER'S N	RETAI		
BE (HERMAN	ALKER			ERNEST	INA	THOM	
70	19e. INFORMANT'S NAME (Type/Print)	D (VED!				Route Number, City or To	wn, Stete, Zip Co	de)
Ì	WILLIAM F. ALKE		312 MA	RDO AVE		ANSDOWNE,		
	1X Buriel 2 Cremation 3 F 4 Donation 5 Other (Specify)	Removal from State	netery, crematory or othe COUDON PAR	r place) CEMET			ocation — city LTIMORI	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME AN	D ADDRESS OF F	ACILITY		VERAL HOME
	Maaku	deke - 180	UIS	1630 E	DMONDSO	N AVE CAT	ONSVILI	E MD 21228
	23 PART /. Enter the diseases, shock, or heert failu	or complications that cause ra. List only one cause on a	d the deeth. Do not	enter tha mod	te of dying, aud	ch as cerdiac or res	piratory errest	Approximate
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	8		uctive	pulmonar	y disease		Interval Between Onset and Death
-		DUE TO (OR AS)	CONSEQUENCE OF):					
CERTIFICATION	Sequentially list conditione, if any, leading to immediate	DUE TO (OR AS /	CONSEQUENCE OF):					
FICA	CAUSE (Disease or Injury	C. DHE TO OR AS	CONSEQUENCE OF):					
BILL	thet initiated eventa resulting in death) LAST	4	CONSEQUENCE OF):					
	PART II. Other algnificant condit	lone contributing to death h	ust mot regulation to					
ICAL	Arterioscle	rotic cardiov	ascular di	ine underlying Lsease	cause givan in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS A/AILABLE PRIOR TO COMPLETION DF CAUSE
MEDI						1 _ YES	2 🛛 NO	OF DEATH?
ž								1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	0	26, PL/	ACE OF DEATH (Ch	eck only one)		
HYS	27. MANNER OF DEATH	1 Inpatient 2 ER/Outs 28e. DATE OF INJURY	28b. TIME O			6 ☐ Other (Specify) 28d. DEŞCRIBE HOW	IN HIPM ADOLUM	
ВУР	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	Y WOR	ES 2 NO	200. DESCRIBE NOW	INJUNY OCCUME	
							lural Route Number,	
COMPLETED	29a. CERTIFIER 1 CERTIFYING PH	YSICIAN: To the best of my know	ledge death occurred a	at the time date of				
OM	ne) 2 MEDICAL EXAM	INER: On the basis of examination	n end/or investigation, i	n my opinion, de	eth occured at the	to the cause(e) and ma time, date end place, a	nner se stated. nd due to the ca	use(e) and menner se stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIF				29c. LICENSE NUI	MBER		GNED (Month, Day, Year)
2	Jamene)	Callag.	27, M		D 0178	6	▶ 9/1	
	30. NAME AND ADDRESS OF PERSON	1						
H	LAMRENCE GALLAG		55 WILKEN	S AVENU	E			
	SEP 20 1991	32. REGISTRAR'S SIGN	Pandell					

BALTIMORE, MARYLAND 21215-0020

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AVISION OF VITAL RECORDS, P.O. BOX 68760,	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours	PECTUR: After this certificate has been signed by the attending physician and completely filled in	efforms that death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or re	PORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the med
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	1 - STATE REGISTRAR		ARYLAND / DEP CERT	ARTMENT (F HEALTH AND OF DEATH	MENTAL HYGIEN REG. NO	F	.5364
	1. DECEDENT'S NAME (First, Middle, Last)	E (First, Middle, Last) Larry L. Graham 2. DATE OF DEATH MONTH DAY YEAR 3. TIME						
	Larry 4. SOCIAL SECURITY NUMBER	L	•	Graha		09 17	1991	9:05 PM
	216-52-2627	5. SEX 6	AGE (In yrs. lest birthd	MONTHS P	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Co	RTHPLACE (State or Foreign untry)
	9e. FACILITY NAME (If not institution, give	1 ~ _	40 YR		WN OR LOCATION OF D	10-6-50		MD
DIRECTOR	630 W. Conway S				imore	PEAIN	9c. COUNTY O	F DEATH
1 2	10a. STATE 10b. COUNT		10c.	CITY, TOWN OR	OCATION			10d. INSIDE CITY
	MD		В	ALTIMO	RE			LIMITS?
3AL	10e. STREET AND NUMBER	CIRET			10f. ZIP CODE			F WHAT COUNTRY?
FUNERAL	630 W. CONWAY	STREET			21230		U.S	. A .
B≼	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 F IF YES, GIVE WAR	YES 2 YO OR DATES	II y	B DECENDENT OF HISPA is, specify Cuben, Mexic YES 2 A NO Spec	NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) ify:	В	ACE — American Indian, leck, Whita, atc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	JCATION e completed	16a. DECEDEN	T'S USUAL OCCU	PATION	16b. KIND OF BUS		
<u> </u>	Elementary/Secondery (0-12)	College (1-4 or 5+)			ng most of working			_ = ===
ME	12 TH 17. FATHER'S NAME (First, Middle, Last)		CORRE	CIION.	AL OFFICE			Τ.
BE CC	VERNON L. STEV	ENS				AME (First, Middle, Meiden NCE CHANC		
10 8	190. INFORMANT'S NAME (Type/Print) KARSTENT JEFFR	IES	19b. MAIL 470	ING ADDRESS (S	SIDE GAR	Poute Number, City or Tow DEN WAY/E	n, State, Zip Code)	APT. 3 MD 21206
	29s. METHOD OF DISPOSITION 1 Å Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	20b. PLACE AND DA	TE OF DISPOSITION		DATE 20c. LO	CATION — City or	Town, State
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	UARKI S		E AND ADDRESS OF FA		NGS MI	LLS, MD
13	Ahmi	The K	Own				1 EN N	ORTH AVE.
	23. PART I. Enter the diseases, or ahock, or heart failure.	complications that c	auaed the death. D	o not enter the	mode of dying, aud	ch as cardiac or respi	ratory srrest,	Approximate
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	. Anto	R AS A CONSEQUENCE	retic	(ardie)	oscular	Dise	interval Between Onset and Daath
CERTIFICATION	Sequentisily list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted sventa resulting in death) LAST	С.	R AS A CONSEQUENCE					
DICAL	PART ii. Other significant condition	is contributing to de	ath but not resulting	g in the under	lying cause given in	Part i. 24a. WAS AN. PERFOR	MED?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI								DF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL							
딣	EXAMINER?	HOSPITAL:		OTHER.	6. PLACE OF DEATH (C)			
Η̈́	27. MANNER OF DEATH	26e. DATE OF INJ	R/Outpetient 3 DO/		Home 5 Residence	6 Other (Specify) 28d. DESCRIBE HOW IN	LILIDY OCCUPED	
ВУ Р	Natural 5 Pending	(Month, Day,	Year)	NJURY	WORK?	200. DESCRIBE NOW IF	AJORY OCCURED	
유	3 Suicide 6 Could not be detarmined detarmin							Il Route Number,
9	29a. CERTIFIER	CIAN. To the base of	C Washington					
COMPLET	(Check only one) 2 MEDICAL EXAMINE	R: On the basis of axam	knowledge, death occi ination and/or investiga	irred at the lime, ition, in my opini	date and place, and due on, death occured at the	to the cause(s) and men time, date and place, and	ner es stated. d due lo lhe caus	e(s) and menner se stated.
	296. SIGNATURE AND TITLE OF CERTIFIER			\wedge	29c. LICENSE NUI			ED (Month, Day, Year)
) BE	1 Alm	(och	· M	1)	0.C.M.			8 1991
2		CK M	0					
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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician. THE TUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeror page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should have a few within the management of the page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be a few within the management of the properties of the page 5 shows any injury, or other transmit event, the medical examiner must be notified at once.

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.

July noustpens eightung of

George Weiner,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF OEATH Doris Garrettson Rose Sept. 17 1991 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 - M 2 X 216-12-2446 71 Jan. 26 1920 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH DIRECTOR 527 St. Francis Road Towson Baltimore RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY LIMITS? Maryland Baltimore Towson 1 YES 2X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 527 St. Francis Road 21204 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Pt

1 YES 2X NO Specify: 1 Never Married 2 Married specify: White BY 3 Widowed 4 Divorced ETED. 18e. OECEDENT'S USUAL OCCUPATION
**Plum kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 4 Housewife Homemaker 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Clifford Granville LaCrosse, Sr. Mable R. Bland 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Frank W. Garrettson 527 St. Francis Road, Towson, Md. 21204 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State DATE 20s. METHOD OF DISPOSITION

1 X Burisi 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) Fallston United Meth.Ch.Cem. Fallston, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lemmon-Mitchell-Wiedefeld Martin D. Lawson 10 W. Padonia Rd., Timonium. Md 21093 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **Approximate** Interval Between **Onset and Death IMMEDIATE CAUSE (Fine)** diseese or condition resulting in death) Terine ot 00 CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not recuiting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AILABLE PRIOR TO OMPLETION OF CAUSE 1 TYES 2 NO DF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 - YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA ing Home 5 - Residence 8 - Other (Specify) 4 🗌 Nurs 27. MANNER OF CEATH 28a, DATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d, DESCRIBE HOW INJURY OCCURED Natural 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 8 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER
Thank ank 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c LICENSE NUMBER 9

1407 York Rd., Suite 305, Lutherville, Md. 21093

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25566

BALTIMORE, MARYLAND 21215-0020

TO THE HIGHTAL DRATTENDING PHYSICIAN: The law requirements that death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FINERAL DRECTOR: After this certificate been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State begr. of Health and Mental Hydrene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

. D . . M ASTATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2.30	REGISTRAR	ERITI	CALE	F DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) HELEN LORRA	INE HY	YATT		2. DATE OF	DEATH	0 0	7 7	257
	4. SOCIAL SECURITY NUMBER S. SEX 1 M 2 F 8. AGE (In yrs.	iest birthday) YRS.	IF UNDER 1 YEA		7. DATE OF (Month, D May 13	BIRTH B, Year)	2 v	BIRTHPLAC Country)	A MINISTER CONTROL
E I	9e, FACILITY NAME (If not institution, give street and number)			96. CITY SOWN OR LOCATION OF DEATH			Sc. COUNTY OF DEATH Baltimore		
KI	RESIDENCE OF DECEDENT		10	LIVIV				IMOI	
DIRECTOR	Maryland Harford	10c. CITY	Y, TOWN OR LO	CATION Forest Hi	11				INSIDE CITY LIMITS? YES 23 NO
	10e. STREET AND NUMBER			10f. ZIP CODE			10g. CITIZEN	OF WHAT	COUNTRY?
FUNERAL	1120 Darlene Rd.			21050			U.S.A	. •	
₽ I	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2X	NO		DECENDENT OF HISPA specify Cuben, Mexico			or No— 14.	RACE - A Black, Wh	imerican Indien,
B	1 Never Married 2 Merried 3 Wildowed 4 Divorced 1 PORCES? 1 YES 245 IF YES, GIVE WAR OR DATES			YES 2 NO Specif		, , , ,		Spec#y: White	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a.	DECEDENT'S	USUAL OCCUP	ATION	16b. Ki	ND OF BUS	INESS/INDUS	TRY	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +)	Sales		most of working	Re-	etail			
Ξ	17. FATHER'S NAME (First, Middle, Linst)	Dares	Ludy	1					
8	James A. Turlington			16. MOTHER'S NA	, ,		Sumame)		
BE				Rosa A					
5	Jacquelyn Fulcher		as #10	et end Number or Rural	Route Number,	City or Town	, State, Zip Co	de)	
	1 ← Burial 2 □ Cremation 3 □ Removal from State of cemeta	arv. crematory	or other place)		9/91		CATION — City		State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Tawn C	Cemeter	AND ADDRESS OF FA		Twood	llawn,	Md.	
	31 31		Ruck	Towson F	uneral	Home	. Inc		
- 3	· the atula			York Rd.					
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Onset and Death Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF):								
E CE	PART II. Other algnificant conditions contributing to death but no	t reaulting	in the Under	ying cause given ir	Part I. 2	4s. WAS AN			RE AUTOPSY FINDINGS
EDICAL						PERFOR		COI	ILABLE PRIOR TO IPLETION OF CAUSE
						_ ,,,,	Oo		DEATH? YES 2 NO
2									163 2 10
AN	25. WAS CASE REFERRED TO MEDICAL		-	S. PLACE OF DEATH (C	book only one)				
$\overline{\Omega}$	EXAMINER? HOSPITAL:		OTHER:	FEACE OF DEATH (C	TRUK UTINY UTINE)				
ΥS	1 Tes 2 NO 1 Inpatient 2 ER/Outpatient	_		Home 8 - Residence					
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28b. TIM	JURY	INJURY AT WORK? YES 2 NO	28d. DESCF	RIBE HOW IN	JURY OCCUP	RED	
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm,	street, factory,	office	28t. LOCAT City or	ION (Street a Town, State)	nd Number or	Rural Route	Number,
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, one)								
Ö	2 MEDICAL EXAMINER: On the besie of examination end.	ror investigation	on, in my opinie	on, death occured at the	e time, date si	nd place, en	d due to the o	ceuse(e) en	d manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER Beating P. Dunge	~		DIE	JMBER 49	2	29d. DATE 9	IGNED (Mo	nth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF PEATH (TEM 27) (Type	o, Print)	2 1	V	+	01/0)	
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATUR		n.y	- Marie	roge	un	100	ws	en my.
	SEP 2 0 1991 Julia Davidson	-Mande	6						

to be selected to the selected

A TOTAL TOTAL ST.

THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be exec

30. NAME AND ADDRESS OF PERSON

1991

31. DATE FILED (Month, Day, Year)

2 A WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Line Daydoon- Marine De

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שני מינו מינו מינו מינו מינו מינו מינו מי	INFERVICERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Page filed within 72 hours after death with the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified a
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	FUNE	TANT
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91 25567 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH VEAR SYLVIA MAUDE HITZELBERGER 09 991 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 214-38-2692 1 - M 2 X F (Month, Day, Year) 09-25-1924 66 YRS England 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 2819 Ross Avenue DIRECTOR Edgemere Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore. Edgemere 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7404 Hammonds Road 21219 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No--Il yea, specify, Cuben, Mexicen, Puarto Rican, alc.)
1 YES X NO Specify: 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 1 Never Married 2 Merried BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highe 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondery (0-12)
High School Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Symame) Albert V. Hopkins Daisy P.M. Bishop BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Brian V. Hitzelberger 2819 Ross Avenue, Baltimore, MD 21219 20s. METHOD OF DISPOSITION
1.0 Burlal 2 Cremetion 3 Re 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Stata 4 Donallon 5 Other (Specify) Oak" Lawn "Cemetery 9/23 Baltimore, MD 21. SIGNATURE OF FUNERAL SERVICE LICENS 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Avenue, Baltimore, MD 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate intarval Batween IMMEDIATE CAUSE (Final Onset and Death disasse or condition resulting in death) CERTIFICATION Sequantially list conditions, If any, laading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated avents DUE TO (OR AS A CONSEQUENCE OF resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAIL ARLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO se 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28d. DEŞCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 Netural 5 Pending 1 YES 2 NO BY 2 Accident 26a. PLACE OF INJURY — At home, farm, street, lectory, office building, atc. (Specify) 3 Suicida COMPLETED 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the ilme, data and place, and due to the cause(s) and menner es stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end manner as stated. CIONATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER elle 29d. DATE SIGNED (Month, Day, Year) 87 2



	1 - FOR STATE REGISTRAR	STATE OF N	/ARYLAND /	DEPAR	TMENT	OF H	EALTH	AND TH	MENTA	L HYGIEN		-	.000	
	DECEDENT'S NAME (First, Middle, Lest) TOM				HUD	SON	Jr		2. DATE			3. 8	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 216-72-2982	5. SEX	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	(Mon	th, Day, Year)	8.	BIRTHPL/ Country)	CE (State or Fore	
OR	90. FACILITY NAME (It not institution, give s ST AGNES HOSP			96. CITY, TOWN OR LOCATION OF DE BALTIMORE CI					EATH	EATH 9c. COUNTY OF DEATH				
딥	RESIDENCE OF DECEDENT 100. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN O	RIOCAT	ION .							
FUNERAL DIRECTOR	Maryland Bal	timore		altimore Catonsv			nsvil	.le		1)(d. INSIDE CITY LIMITS? XYES 2 N	0		
ERA	59 Winters Lane					101.							T COUNTRY?	
N	11. MARITAL STATUS	12. WAS DECEDEN	T.EVER IN U.S. AR	MED	13. 1	NAS DEC	212		NIC ORIOI	N? (Specify Ye		S.A	Americen Indian	
В	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 12 IF YES, GIVE W	XXYES 2 N	10	1	yes, spe	cify Cuber 2 NO	n, Maxic	en, Puerto	Ricen, atc.)		Specify:	Black	
TED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(G	ive kind of a	USUAL OC	CUPATIO	N et of workin	ea -	161	b. KIND OF BU	SINESS/INDUS		DIACK	
J.E.	Elementary/Secondary (0-12)	College (1-4 or 5 +	·) Iffe.	Do NOT us	e retired.)									
COMPLETED	High School 17. FATHER'S NAME (First, Middle, Last)		S	ecur	ity ()ff1					Aid Pha	irmac	ies	
Ö	Tom Hudson, Sr.									Middle, Meiden	-,			
) BE	19e. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS	(Street er	nd Number	or Rural	Route Num	ber City or Tou	rn, State, Zip Co	oriel		
5	Martha Hudson			04 "							ville,		21228	
	20a_METHOD OF DISPOSITION	oval tuber State	20b. PLACE A	ND DATE (OF DISPOSI						CATION — City		State	
	4 Donetton 5 Other (Specify)	/	D Vet	eran	Ceme	eter	y/Ga:	rrie	on	Ow	ings M	ills,	Maryla	and
	· Ement R	Em	X		2	220T	GWY	nns	Fall	lutter s Park and	cway	ıl Ho	mes, In	ıc.
	23. PART i. Enter the diseeses, or cahock, or heert feilure.	complications that	baused the de	eth. Do n	ot enter	the mod	la of dyi	ng, auc	h as car	diec or resp	iratory arrea	t,	Approximate	
	iMMEDIATE CAUSE (Finel disease or condition	List only one said	se on sech lina	- Not									Interval Bets Onsat and D	
	resulting in death)	DUE TO	(OR AS A CONSEC	UENCE OF	7:									
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	(OR AS A CONSEC	DUENCE OF):										
CERTIFICATION	CAUSE (Disease or injury thet initiated eventa resulting in death) LAST	CAUSE (Disease or injury thet initiated eventa DUE TO (OR AS A CO					CONSEQUENCE OF):							
CE	PART II Other elgoliticant condition	o												
CAL	PART ii. Other significant condition	a contributing to	death but not re	suiting i	n the unc	derlying	ceuse g	iven in	Pert i.	24e. WAS AN PERFOR		AWA	RE AUTOPSY FIND	
										1 TYES 2	Mo	OF	MPLETION OF CAU DEATH?	SE
¥									[`	1 [YES 2 NO	
NA.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL/	VCE OF DE	ATH (Ch	eck only or	10)	-			_
PHYSICIAN: MED	1 YES 2 NO	HOSPITAL: 1 Inputient 2	ER/Outpatient 3	AOD S	OTHER 4 Nursi		5 🗆 Ras	sidence	6 🗆 Othe	r (Specify)				
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, Da 9 - 18	INJURY 19, X8-17 - 9 1	28b. TIMI INJ		28c. INJU WOF 1 Y	IK?	NO			HANGE		LF	
	3 Guicide 6 Could not be detarmined	28s. PLACE Of building,	tNJURY — At hor itc. (Specify)	ne, tarm, s	traet, fecto	ry, offica			261. LOC City 5 (or Town, State)	rend Number or i			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSH (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of a	my knowledge, des	th occurre	d at the tin	ne, data e	and place,	and dua	to the cau	se(e) end mar	nner ee atated.			
									id.					
296. LICENSE NUMBER O C M E 296. LICENSE NUMBER O C M E 297. DATE SIGNED (MONTH, Day, Ye 9-18-91														
	31. DATE FILED (Morith, Bey, whee)	KE M) 11			NN	STR	EET	BAI	TIMO	RE,MA	RYLA	ND 212	201
	SEP 2 0 1991	Julia Da	MANA ROM	de DO										
		U											DHIMM 46 B	



BALTIMORE, MARYLAND 21215-0029

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

104

31. DATE FILED (Month, Day, Year) SEP 20

1991

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burst be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND C	DEPAR	RTMEN	IT OF H	iEALTH	AND I	MENTAI		NE		25569	
	1. DECEDENT'S NAME (First, Middle, Last)	JOSE		HART			DLA		MONTH	OF DEATH	DAW	YEAR 1 Q Q 1	3. TIME OF DEATH 10:45 A.	
	4. SOCIAL SECURITY NUMBER 216-18-9689	5. SEX 1 X M 2 F	6. AGE (In yrs. le	st birthday) YRS.	IF UND	ER 1 YEAR	IF UNDER	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) FEB. 2, 1			6. BIRTHPLACE (Sta		
TOR	9a. FACILITY NAME (If not institution, give 19 H MONTROSE MA RESIDENCE OF DECEDENT		т		9b. Cl	CATO	NSVI				9c. COU	NTY OF D	OF DEATH TIMORE	
DIRECTOR	MARYLAND 10b. COUNT	BALTIMOR	E	10c. CIT		OR LOCAT		LE			10d. INSIDE CITY LIMITS? 1 YES 2 XNO			
FUNERAL	19 H MONTROSE MA	NOR COUR	r			101. ZIP CODE 21228						10g. CITIZEN OF WHAT COUNTRY? U. S. A.		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.3 FORCES? 1/X YES 2 IF YES, GIVE WAR OR DATES			RMED NO	13	If yes, sp	ecify Cubs	OF HISPAN In, Mexican Specify	n, Puarto F	IIC ORIGIN? (Specify Yea or No- 14. RACE — Ame				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 16a. DECEDENT (Give kind life. Do NOT 12) College (1-4 or 5+) SALES					OCCUPATION during mos	ON st of working	ng		KIND OF BL				
BE COM	17. FATHER'S NAME (First, Middle, Lest) JAMES HARTNETT								CHURCHHILL DISTRIBUTORS S NAME (First, Middle, Maiden Surname) RUDE CLISHOM					
TO E	190. INFORMANT'S NAME (Type/Print) KATHERINE HARTNE	TT (WI	FE) 1	9 H I	TNON	ROSE	MAN			or, City or Tox CATON			21228	
	20a METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)		NEW C	ANDDATE	PER DISPO	CEMI	ETER	Y C	9/21/9	1 BAL	TIMO	City or Tow RE, MA	RYLAND	
_	23 PART i Enter the diseases pr		te		1	630 1	EDMO	NDSON	N AVE	NUE.C	ATONS	SVILL	ERAL HOMES E,MD.21228	
	23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory erreat, shock, or heart feiture. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. ARTER'S SURROTT C ORR DISCOVARDISONS DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa reaulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):													
- 11	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS													
PHYSICIAN: MEDICAL										PERFOI			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF DE	EATH (Chec	ck only one)				
BY PHYS	1 YES 2 NO 27. MANNEB-OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, Da	INJURY	26b. TIME	4 🗆 Nu	28c. (NJU WOF	JRY AT			Other (Specify) DESCRIBE HOW INJURY OCCURED				
8	3 Suicide 6 Could not be determined	26a. PLACE Of building, o	FINJURY — At ho etc. (Specify)	me, farm, s	treet, fac	tory, office			281. LOCA City of	TION (Street : Town, State)	and Number	or Rural Ro	ute Number,	
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of ax	my knowledga, de amination and/or i	ath occurre	d at the	time, date a	and place, ath occur	and dua t	to the caus	e(a) and mar	nner as state	ed. e cause(a)	and manner as stated,	
TO BE	29b. SIGNATURE AND TITLE OF CENTIFIES 30. NAME AND ADDRESS OF PERSON WH	econus	en!	wit	Ž		29c. LICE	NSE NUME	7 /		29d. DATE	SIGNED (Month, pay, Year)	

DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
Fulia Savidson-Randalle

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	me man will reached for use as the burial-transit permit. Pages 1, 2, 3 should	The death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	se i marked or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.
SPITAL OR ATTENDING	NERAL DIRECTOR THE	hin 72 hours. The death	NT: If Item 28 ICM
TO THE H	TO THE FL	be filed wi	IMPORTA

	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMENT OF CERTIFICATE O		TAL HYGIENE PEG. NO.	1 23310
	1. DECEDENT'S NAME (First, Middle, Lest) JAMES	MEIVIN "	Tones		ATE OF DEATH ONTH DAY	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	8. SEX 6. AGE (In yr	3. lest birthday) IF UNDER 1 YEA MONTHS DAY	1 /0/	TE OF BIRTH onth, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
œ	99. FACILITY NAME (If not institution, give s		9b. CITY, TOW	N OR LOCATION OF DEATH		UNTY OF OEATH
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNT	neral Mosp	10c. CITY, TOWN OR LO	CATION	D	10d. INSIDE CITY
	10e, STREET AND NUMBER		RAnda	11/stown	140m CH	LIMITS? 1 YES 2 NO TIZEN OF WHAT COUNTRY?
FUNERAL	20 Coach	nan Ct.	Hpt. 202	21133	(AZL
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES 1 IF YES, GIVE WAR OR DATES	NO If yes	ECENDENT OF HISPANIC OR specify Cuban, Mexican, Pue ES 2 NO Specify:		14. RACE — American Indian, Black, White, atc.
	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION 16: completed) College (1-4 or 5 +)	a. DECEDENT'S USUAL OCCUP (Give kind of work done during life. Do NOT use retired.)		18b. KIND OF BUSINESS/IN	DUSTRY
COMPLET	17. FATHER'S NAME (First, Middle, Last)	College (14 of 54)	Sanitatio		st, Middle, Malden Surname)	
BE CO	Paul 3	ones		Mar	it, Modie, Meloon Sumerio)	ton
TO B	190. INFORMANT'S NAME (Type/Print)	Jones	19b. MAILING ADDRESS (Street	et end Number or Rural Route M	# 7	handallstoon Md
	20e. METHOD OF DISPOSITION 1		ACE AND DATE OF DISPOSIT elary, crematory or other place)	ON (Name	ATE 20c. LOCATION -	City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE A CO		AND ADDRESS OF FACILITY	4300	wabashA.
	23. PART i. Enter the diseases, or a shock, or heart feliure.	complications that caused the List only one cause on each	e deeth. Do not enter the	mode of dying, auch as	cardiec or reapiretory as	rrest, Approximate interval Between
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	Pre	umeni	a		Onset and Death
N N	Sequentially list conditions,	DUE TO (OR AS A CO	rovascu	lur acc	ident	
CATI	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CO				
CERTIFICATION	that initieted events resulting in deeth) LAST	DUE TO (OR AS A CO	INSEQUENCE OF):			
CAL C	PART II. Other significent condition				24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
MEDI	130,000	·CIRCOIT	DISCUS		1 TYES 2 NO	OF DEATH?
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		20	PLACE OF DEATH (Check on	y one)	
YSIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatie	ont 3 DOA 4 Nursing	iome 5 🗆 Residence 8 🗆 (Other (Specify)	
BY MH	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	INJURY	INJURY AT WORK? YES 2 NO	DESCRIBE HOW INJURY OF	CCURED
TEO E	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	Al home, farm, street, factory,	ffice 28f.	LOCATION (Street and Number City or Town, State)	er or Rural Route Number,
COMPLETED	enel	ICIAN: To the best of my knowledger: On the basis of examination or				ated. the ceuse(e) end manner as stated,
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIE	R O O		29c. LICENSE NUMBER		TE SIGNED (Month, Day, Year)
TO B	30. NAME AND ADDRESS OF PERSON W	HO COMPI ETED CAUSE OF DEATH	(ITEM 27) (Time Print)	D3882	. •	7/19/91
	KHALID AL	-TACIB, M.	D. Baltime		General	1 Hospital
4	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	Sie Krieden Rand	.82		

DHMH-16 Rev 1/89

		th certificial has been agreed by the attentions and competitely filled in by the funeral direction page 5 should be detached for use as the burial-transit name board 1.9.3 should	or permit rages it 2, 3 should	
	nding physician,	s the burial trac		
	hospital or atter	ached for use a		ei 23
	HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	5 should be det		sed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	The de	the att	the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	njury
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1 - STATE REGIST	'RAR	STATE OF MARY		ENT OF HEALTH AN	D MENTAL HYGIEN		25511	
1. DECEDENT	'S NAME (First, Middle, La	est)			2 DATE OF DEATH		3. TIME OF DEATH	
	ANNA	ELIZABETH	JACKSON		P b lexal by	18.19	9/2/32P	
4. SOCIAL SE	CURITY NUMBER	1000		NDER 1 YEAR IF UNDER 24 HR		8.	BIRTHPLACE (State or Foreign	
	46-1764	1 🗌 M 2 🔀 F	89 YRS. MONT	HS DAYS HOURS MIN	(Month, Day, Year) 01/15/	1902	Country)	
	NAME (If not institution, gi	ve street and number)	9b.	CITY, TOWN OR LOCATION OF		9c. COUNTY	Y OF DEATH	
G.B.M RESIDENC 10a. STATE MARYL	.C., 670	1 N. CHARLE	S STREET	TOWSON		BAT	TIMORE	
RESIDENCE	DE OF DECEDENT	VTM				1 DAIL	TITORE	
MADVI				VN OR LOCATION			10d. INSIDE CITY LIMITS?	
		ALTIMORE	LUT	HERVILLE			1 TYES 2 X NO	
1/07				101. ZIP CODE		1.17	N OF WHAT COUNTRY?	
10e. STREET / 1437 11. MARITAL S	BELLONA .	A V E N U E 12. WAS DECEDENT EVER	IN ILC ADMED	21093			JSA	
	arried 2 Married	FORCES? 1 YES	2 7 10	13. WAS DECENDENT OF HIS If yea, specify Cuben, Me	xicen, Puerto Rican, etc.)	a or No- 14	. RACE — American Indian, Black, White, etc.	
4	4 Divorced	IF YES, GIVE WAR OR	DATES	1 TYES 2 X NO Sp	ecify:		Specify: BLACK	
	15. DECEDENT'S E	DUCATION	16a. DECEDENT'S USUA	L OCCUPATION	16b. KIND OF BU	ISINESS/INDUS		
	(Specify only highest gr //Secondary (0-12)	College (1-4 or 5+)	(Give kind of work d life. Do NOT use retir	one during most of working ed.)				
17. FATHER'S	NAME (First, Middle, Last)			18. MOTHER'S	NAME (First, Middle, Maiden	Sumame)		
JOH	N CHEATH	AM			IET BELL H		3	
	NT'S NAME (Type/Print)		19b. MAILING ADDI	RESS (Street and Number or Ru	ral Route Number, City or Tow	yn, State, Zip Co	ide)	
CARME	LITA STE	RRETT		ELLONA AVE			MD 21093	
20a. METHOD	OF DISPOSITION		b. PLACE AND DATE OF DIS				or Town, State	
	5 Other (Specify)	amoval from Stata Ce	ST. LUKE	EMETERY			MARYLAND	
21. SIGNATUR	OF FUNERAL SERVICE			22. NAME AND ADDRESS OF LEROY O. D				
1	DLATA	() W/1	A committee of the comm				ERAL HOME	
23 0407	0000	or complications that cause	M I	4600 LIBER	TY HEIGHTS	S AVE	NOE 51501	
resulting in	disease or condition a. Due to (on as a consequence or):							
Sequentially if any, leading	list conditions, and to immediate	DUE TO (OR AS	A CONSEQUENCE OF):					
	UNDERLYING	6					_ 1	
that initiated	devents	DUE TO (OR AS	A CONSEQUENCE OF):					
resutting in	death) LAST	4						
	er significant condit	lons contribution to death	but not consilion to the		in Part I. 24s. WAS AN			
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pa						24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE EXAMINER VES 27. MANNER O	REPETITED TO MEDICAL		_	26. PLACE OF DEATH	Check out west			
EXAMINEA NO MES		HOSPITAL:		IEA:	Company of the Compan			
27. MANNER O		28e. DATE OF INJURY	25b. TIME OF	Nursing Home 5 - Resident	and, DESCRIBE HOW I	H SURV OCCUP	en.	
1 Accide		(Afonth, Day, Your)	INJURY	WORK?	and Describe HOW I	NUMY OCCUR	EO	
2 Accide 3 Suicid		28e PLACE OF MARK	Y At home, farm, street,	III. Company of the control of the c	201 I OCHTION (Description)	and Months of the	Book Book State Co.	
4 Homic		" Distribution, who, chief	icify!	ALLEY OF STATES	28f. LOCATION (Street a City or Town, State)	MAN LANDLINGS TO 1	NAME PROVIDE NUMBER	
29s. CERTIFIER	1 Cepteran m	ventani as in a sala						
(Check only one)	2 TAMEDICAL EXAM	YSICIAN: To the best of my know	viedge, death occurred at I	ne time, data and place, and c	fue to the ceuse(e) and mer	nner ea atated.		
-		INER: On the Basia of exemination	mular investigation, in a	ry opinion, death occured at t	the time, date end place, an	d due to the co	suse(a) end mannar as stated.	
29b. SIGNATUR	EAND TITLE OF CERTIF	HER		29C LICENSE N	IUMBER	29d. DATE SI	GNED (Month, Day, Year)	
-111	111/11/11	thone	uca	10-0	9383	1	118791	
30. NAME AND	ADDRESS OF PERSON	WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Print)		1	-	0109	
11// 4.								
Cha	VIEST.	O'DONN	e/m1 o	1304MA	ndervice	CRO	11 minion	
31. DATE FILED SEP 9	(Month, Day, Year)	Julia Davidson-R		1304No	ndervier	1 so	morning 1	

TOTHE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be ratained by the hospital or attending physician.

TOTHE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal. IMPORTANT. If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	BEG NO

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND	MENTA	L HYGIEN			00,2	•
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH		:	. TIME OF DEAT	Н
	BERTHA ANNETTE K					09		8	91	0110	Ам
	125-09-1821	1 M 2 X F	(In yrs. last birthday) 76 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURB MIN.	(Montt	OF BIRTH Day, Year) 24/15		Country)	ACE (State or For	reign
œ	90. FACILITY NAME (If not institution, give st		men.		R LOCATION OF D	DEATH		9c. COUNT			
5	GREATER BALTIMORE	MEDICAL CEN	TER	TOWSO)N	BALTIMORE					
RE	10a. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCAT	ION		-16		1	Od. INSIDE CITY	
FUNERAL DIRECTOR	MARYLAND BAL	TIMORE	В	ALTIMORE	ZIP CODE			LIMITS? 1 ☐ YES 2€ NO 10g. CITIZEN OF WHAT COUNTRY?			NO
ER/	1205 HILLDALE ROA	D		100	21237	ď	2	U.S.A		AT COUNTRY?	
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN?							? (Specify Yea		RACE -	- American India	n
1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.) 3 X Widowed 4 Divorced IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: Specify:							White, atc.	,			
	15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S L	ISLIAL OCCUBATIO	NA	100	VIII		hite	9	
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	Completed) College (1-4 or 5+)	(Give kind of we	ork done during mo: retired.)	st of working	166.	KIND OF BUS	SINESS/INDUS	TRY		
MPL	12		Homemak	er			wn Hoi	ne			
CO	17. FATHER'S NAME (First, Middle, Lest)				16. MOTHER'S N.		_				
BE (Gilbert Cole				Nellie	Gran	ville				
2	19a. INFORMANT'S NAME (Type/Print) Marie A. Frederick				nd Number or Rural						
	20a. METHOD OF DISPOSITION				Ave., Lu	therv	ille,	Md. 2	1093	3	
	1 Burial 2 CCremation 3 Ramo 4 Donation 5 Other (Specify)	val from Stata 20b	PLACE AND DATE OF	DISPOSITION (Na ar place)	me of	DATE		CATION - CIT		, State	
	A Donation 5 Other (Specify) Compation 5 Compation Com										
	· Wallows.	S Ruch	1.0.	Ruck 7	Cowson F	unera	1 Home	, Inc			
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying such as cardiac or resolution start.										I American	
	IMMEDIATE CAUSE (Final	CARDIORESP	IRATORY A	ARREST	, o, o, o, o	or de date	iac or raapii	etory arrea	ι,	Approxima Interval Ba Oneat and	tween
	DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequantially flat conditions, If any, laading to immediata DUE TO (OR AS A CONSEQUENCE OF):										
CA	cause. Entar UNDERLYING CAUSE (Disease or injury									İ	
	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF)								
SER	d.										
CAL	PART II. Other algorificant conditions	contributing to death be	ut not reaulting in	the undarlying	cause given in	Part I.	24s. WAS AN		24b. W	ERE AUTOPSY FIN	DINGS
							PERFORI		C	MILABLE PRIOR TO OMPLETION OF CA	
MEDI								2.11		DEATH?	
ä											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL/	ACE OF DEATH (Ch	neck only one)				
IYS	1 YES 2 NO 27. MANNER OF DEATH	Impatient 2 ER/Outpo	atient 3 DOA 4	☐ Nursing Homa	5 🗆 Rasidenca	6 🗌 Other	(Specify)				
	Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	RY WOF	RK?	26d. DEŞ	CRIBE HOW IN	JURY OCCUR	ED		
BY	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF INJURY	— At home form etc		ES 2 NO	PPV 4 000	T-011 (0)				
ETED	4 Homicide 6 Could not be determined	building, atc. (Speci	f(y)	eet, factory, office		City o	TION (Street as Town, State)	nd Number or	Rural Rou	e Number,	
2	29a. CERTIFIER Check only	AN: To the best of my knowl-	edge, death occurred	at the time, date of	and place, and due	to the cour	ale) and man				
29a. CERTIFIER (Check only one) 29a. MEDICAL EXAMINER: On the basis of my knowledge, death occurred at the time, date end placa, and due to the cause(s) and manner as atated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, end due to the cause(s) and manner as								nd manner as ata	ted.		
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	1	0		29c. LICENSE NUI					ogth, Day, Year)	
TO B	Elisabete 1	c. Wees !	71		D358	17		19	181	9)	ļ
	30. NAME AND ADDRESS OF PERSON WHO Elizabeth K. Lucas	COMPLETED CAUSE OF DEA	York Rd	rint)	n Ma			/	/	. 1	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA		-, Dart	., riu.				<u> </u>		
	SEP 20 1991 Julia Davidson Randale										

	REGISTRAR		CERTIFIC	CATE	OF DEATH		REG. NO.				
	1. OECEOENT'S NAME (First, Middle, Lest) RUTH	KRANZ				2. DATE	T. 18,	1991 YE		7:25 A	
	4. SOCIAL SECURITY NUMBER 096-36-6362	1 🗌 M 2 💢 F		IF UNDER 1	YEAR IF UNDER 24 HR DAYS HOURS MIN	. (Mon	OF BIRTH th, Day, Year)	· ·	OUNTRY) NEW	CE (State or Foreign YORK	
	98. FACILITY NAME (If not institution, give s ROCKVILLE NURSI RESIDENCE OF DECEDENT	,		Pb. CITY,	ROCKVII			9c. COUNTY		OMERY	
ONEILOR DIRECTOR	10a. STATE 10b. COUNTY	NTGOMERY	10c. CITY,		LOCATION THERSBURG					I. INSIDE CITY LIMITS? YES 2 NO	
	100. STREET AND NUMBER 19310 CLUBHOUSE	≅ RD.			101. ZIP CODE	20879		10g. CITIZEN OF WHAT COUNTRY? USA			
à	11. MARITAL STATUS 1 Never Married 2 Married XX Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	S 2 (NO	11	AS DECENDENT OF HIS yes, specify Cuben, Ma YES 2 NO Sp	dcan, Puerto		Black, White, etc.		American Indian, hita, etc.	
COMIN EE LED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)			SUAL OCI rk done di retired.)	uring most of working	16	EDUC	iness/indust ATION	RY		
100	17. FATHER'S NAME (First, Middle, Last) HARRIS	SILVERSTONE	3	Ä.		NAME (First,	Middle, Maiden S		NKNO	WN)	
	19a. INFORMANT'S NAME (Type/Print) MRS. ESTHER FOX	E			(Street and Number or Ru		TER SPR			904	
	20a. METHOD OF DISPOSITION 1	noval from State	POB. PLACE AND DATE	r other ple	9/2	20/91	F			State , LI, NY	
	21. SIGNATURE OF FUNERAL SERVICE LI	u Lewis			SOL LEVIN				MD	21215	
	23. PART I. Enter the diseases, or complications that caused tha death. Do not antar the mode of dying, such as cardiec or respiratory arrest, interval E only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):										
	Sequentially flat conditions, if any, laading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
INCOLOR OF	PART II. Other algnificant condition	PART II. Other significant conditions contributing to death but not resulting in					24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		AWA COI OF	RE AUTOPSY FINDINGS NEABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 NO	
THE STORY.	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER	26. PLACE OF DEATN						
	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJUR (Month, Day, Year	Y 26b. TIME	OF	28c. INJURY AT WORK? 1 YES 2 NO		EŞCRIBE NOW II	JURY OCCUR	ED		
	3 Suicide 6 Could not be 4 Homicide datermined	26a. PLACE OF INJUI building, etc. (S)	RY — At home, farm, st oec/fy)	reet, facto	ory, office	261. LC	BI. LOCATION (Street end Number or Rural Route Number, City or Town, State)				
COUNT EL IED	contact only	SICIAN: To the best of my kno ER: On the basis of axeminat							ause(s) an	d manner as stated.	
0 00	29b. SIGNATURE AND TITLE OF GERTIFIE	aray			29c. LICENSE	NUMBER 391	D	29d. DATE SI	GNEO (MO	orith, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WAS ASSESSED. S.	NO COMPLETE OCASE OF 1		Print)							
- 1	I company	III-GIGITAN G SI									

TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

TO THE FUND ALL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

SEP 20 1991 Julie Davidon-Randone

mark the

TO THE HOSPITAL IN EXPLORATE THE law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DECINE Apply this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours and within 72 hours and the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1	FOR STATE REGISTRAR
_	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		ICATE OF		REG. NO	-				
	1. DECEDENT'S NAME (First, Middle, Last) FRANK J. KUSH				2. DATE OF DEATH SEPT O	5 1993	3. TIME OF OEATH 9:00a M			
	4. SOCIAL SECURITY NUMBER 047-05-3458 5. SEX 1 \times M 2 \square F 8. AGE (86 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 09–05–91	Cou	THPLACE (State or Foreign intry)			
OR	99. FACILITY NAME (If not institution, give street and number) WATERVIEW NURSING HOME			SALISBURY			TEATN TO THE TEATH			
DIRECTOR	100. STATE 100. COUNTY MARYLAND WICOMICO		y, town or loca SALISBUR				10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL	100. STREET AND NUMBER 308 HAMMOND STREET		10	10f. ZIP CODE 21801			F WHAT COUNTRY?			
COMPLETED BY FUN	1 Never Married 2 Married FORCES? 1 YES	1 Never Married 2 Merried FORCES? 1 YES 2 NO					ACE — American Indian, ack, White, atc.			
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)	USUAL OCCUPATE work done during me se retired.)			SINESS/INDUSTRY					
COM	17. FATHER'S NAME (First, Middle, Lest) JOHN KUSH	PAINTER			ME (First, Middle, Melden (SURNAME	Surname)				
TO BE	190. INFORMANT'S NAME (Type/Print) THOMAS KUSH			and Number or Rural	Route Number, City or Tow	m, State, Zip Code)	,			
		PLACE OF DISPOS		netery, crematory or		21801 CATION — City or CIRFIELD				
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE	1		FUNERAL		DO DOV	233			
CERTIFICATION	ahock, or heart fellure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition reaulting in deeth) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Let only one cause on each line. Interval Between Onset and Death Due To (or As A consequence of): Due To (or As A consequence of): Due To (or As A consequence of):									
MEDICAL	PART II. Other algnificant conditions contributing to death to the second secon	Part I. 24e. WAS AN PERFO	RMEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		28. P	LACE OF DEATH (C)	neck only one)					
Y PHYSICIAN:	1 VES 2 NO 1 Inpatient 2 ER/Out 27. MANNER OF OEATH 1 Netural 5 Pending 1 Accident Investigation	28b, TIN	Nursing Horse	NA 5 Residence	8 ☐ Other (Specify) 28d. DE\$CRIBE NOW	INJURY OCCURED				
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJUR building, etc. (Spe	/ — At home, farm,	street, factory, offi	•	261. LOCATION (Street City or Town, State	end Number or Rur)	al Route Number,			
COMPLETED	29e. CERTIFIER (Check only one) CERTIFYINO PNYSICIAN: To the best of my know one) MEDICAL EXAMINER: On the basic of examination			leath occurred at the	time date and place a		se(e) end manner ee stated.			
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU D. 291	MBER 05	29d. DATE SIGN ▶ 9/6	IED (Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE LA LA LA LA LA LA LA LA LA LA LA LA LA	106	Milfor	1 Str.	Suite	D. Fru	ittand MD			
	31. DATE FILED (Month, Day, Your) SEP 2 0 1991 Fisher Davidson	-Randell			1	,				

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BALII	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pa	The second secon
m	after	A4.
	hours	1
	24	Alle.
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	within	a lade h.
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PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

	Ì)	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Present the fine within 72 hours after death with the State Dent, of Health and Mental Horiene orlor to burial, cremation, or removal.	.00

	FOR STATE REGISTRAR	STATE OF N	MARYLAND /		RTMENT				MENTA	L HYGIEN	E	3 1	52212
	1. DECEDENT'S NAME (First, Middle, Lest)	CAROL			_		KIRK		2. DATE MONTI	OF DEATH	7 57-	9:1n	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER		IF UNDER	24 HRS. WIN.		OF BIRTH	1	8. BIRTHP Country)	LACE (State or Foreign
	217 40 6263		83	THS.						-17-91			sconsin
~	9a. FACILITY NAME (If not institution, give s						R LOCATION		EATH		110, 11100	NTY OF DE	
2	Anne Arundel Gen	eral Hos	pital		A	nnap	olis				Ann	e Aru	ndel Co
DIRECTOR	10e. STATE 10b. COUNT			10c. CIT	ry, town		TON						10d, INSIDE CITY LIMITS?
		rundel C	ounty		Arn	old							YES 2 NO
¥	10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CITI	ZEN OF WI	IAT COUNTRY?
E	College Manor Co	llege Pa	rkway				21	012					USA
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married **Widowed 4 Divorced					M		- 04-4	- 0	i? (Specify Yea Rican, atc.)	or No		American Indian, White, etc.
G	15. DECEDENT'S EDU				USUAL O				16b	KIND OF BUS	SINESS/IND	USTRY	-
COMPLETED	(Specify only highest grade Elementery/Secondary (0-12)	College (1-4 or 5	- Man	. Do NOT u	work done se retired.)	during ma	at of workli	ng					
립	12+	4		Home	make:	r			_ ·	Teache	r		
O	17. FATHER'S NAME (First, Middle, Lest)						18. MOT	HER'S NA	ME (First,	Middle, Malden	Surname)		
	GEORGE F. MASON						C	ORA	L.				
BE	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	G AOORES	S (Street a	nd Numbe	or Rural	Poute Num	ber, City or Tow	n State 7ir	Corde)	
2	Atty: Roy Hoagl	and	"			- (.,, .,		
	200. METHOD OF DISPOSITION		20b. PLACE	ANO DAT	F OF OISE	OSITION	(Name		DAT	E 20c LO	CATION	City or Tow	m State
	1 🗆 Buriel 2 🗆 Cremation 3 🗆 Rem	oval from State	of cemetary				(1 vario		DAI	2 100.00	CATION —	Oity of Tox	m, State
	21 UCNATURE OF FUNERAL SERVICE LI	FISFE D	1 1 **- 1-	D4	22	NAME A	NO ACCRE	SS OF FA	CILITY C	tate A		- D	
	Frond 111	Mel	ld Wade, 9½19½							St, B		_	
	23. PART I. Enfer the diseases, or	complications the	t caused tha de	ath. Do	not ente	the mo	da of dy	ing, suc	h ss can	diac or reap	ratory an	reat,	Approximate
	shock, or heart fellure.	List only one cas			,		132						Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	Co	ngut 1011/10 A CONSE	and .	he	ant	10	ule	un.				
	resulting in death)	BUE TO	ADD AS A CONSE	OUENOE C	ne: 4 /	201	1)						
_		332.10	to the second	11	TH	CV	1						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b	(OR AS A CONSE	QUENCE C	OF):								
₹ I	cause. Enter UNDERLYING												
F	CAUSE (Disease or Injury that initiated events	OUE TO	(OR AS A CONSE	QUENCE C	DF):								
H	resulting in death) LAST	4											
CE	,	u											+
A	PART II. Other significent condition			resulting	In the u	nderlyin	g ceuse	given in	Part i.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDICAL	<i>F</i>	neun	wer	`						1 TYES 2			COMPLETION OF CAUSE OF DEATH?
AEC	0											- 1	1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF E	EATH (C	heck only o	ne)			
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient 3	D DOA	OTHE				a 🗆 on	- (0			
17.5	27. MANNER OF DEATH	28a. DATE OF		28b. Til			JURY AT	earderice	8 Oth	SCRIBE HOW	NJURY OC	CURED	
	1 Natural 5 Pending	(Month, L			JURY	W	PRK?	- NO	200.00	JOHNEE HOW		CONED	
B	2 Accident Investigation	26a PLACE (OF INJURY — At he	ome form	etrant for				204 1.04	CATION (Street	and Alumba	or Dumi D	Auto Mumbas
ED	3 Suicide 8 Could not be 4 Homicide determined	building	, etc. (Specify)	, resp. rem i Fil	,	runy, urm	-			or Town, State		OF THURST PR	new (Vertices,
ĒŢ	AAA CERTIFIER												
COMPLETED	29e. CERTIFIER (Check only												
O	one) 2 MEDICAL EXAMINI	ER: On the basis of o	examination end/or	Investigati	ion, In my	opinion,	death occu	red at the	e time, dat	e end place, er	nd due to ti	he ceuse(e)	end menner ee stated.
ш	. 395. SIGNATURE AND TITLE OF CERTIFIE	R // /	- 4				29c. LIC	ENSE NU	MBER	200	29d. DAT	E SIGNED	(Month, Day, Year)
0	Thick & o	out!	g w					07	14	38	•	91	17/9/
5	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAL	ISE OF DEATH #TE	M 27) /3-	o Print)	0						- /	

(20 ANNAPULS 2143)

-	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2+ riburs after death. Page 6 may be retained by the hospital or attend
7-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as
+	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
1	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MAP	RYLAND / DEPAR CERTIF	RTMENT OF H			YGIENE EG. NO.) 1	20010
	1. DECEDENT'S HAME (First, Middle, Last)	ore Fra		CARRO	JR.	2. DATE OF D		41	3. TIME OF DEATH 7:424 M
	4. SOCIAL SECURITY NUMBER 219-16-8985a 215-13-2739	1 M 2 □ F	AGE (In yrs. lest birthday) 65 yrs.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		02-26	Mar	yland
TOR	9a. FACILITY NAME (If not institution, give at Bon Secours Hos RESIDENCE OF DECEDENT			Baltin	MOTE	EATH	9c. COI	INTY OF D	EATH
DIRECTOR	10e. STATE 10b. COUNTY Maryland		100	ry, rown on Loca altimore	TION				10d. IHSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	104. STREET AND HUMBER 1046 Ellamont Str				21216		U	. s.	
BY	11. MARITAL STATUS 1 Never Married 2 Married 32 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 KD VIEW WAR OF SEPT 1943	YES 2 NO	if yes, sp 1 ☐ YES	CENDENT OF HISPA secify Cuben, Mexica 2 HO Specif	en, Puerto Ricen	ecity Yes or No— , etc.)	14. RACE Black Speci	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATIOH completed) College (1-4 or 6+)	(Give kind of life. Do NOT u		ON ost of working		O OF BUSINESS/IN		
MP	5th Grade 17. FATHER'S HAME (First, Middle, Last)		C	ook	I se stormente ut		stauran	t	
	Theodore F. Loga	an Sr			12 10 10 10	ret Mil			
) BE	19a. IHFORMANT'S HAME (Type/Print)	III, DI.	19b. MAILIN	G ADDRESS (Street				p Code) 2	1216
2	Betty M. Mack								Maryland
	28p. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	/ 1	20b. PLACE OF DISPO other place) MD Vetera:	n Cem/Ga	rrison E	orest	Owings	Milla	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	Em Sr		22. HAME A 250 Ba1	no address of F 1 Gwynns timore.	Falls Marylar	er Fune Parkway d 2121	ral H 6	omes, Inc.
	23. PART I. Enter the diseases, or a shock, or heart failure.	List only one cause of	on each line.	not enter the mo	ode of dying, suc	ch as cardisc	or respiratory s	rrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Cordia	ne Stan	ditull	7 Res	qual	my or	un	Onset and Death
z		Hyrest	AS A CONSEQUENCE O	OF):			,		
ATIO	Sequentially list conditions, If any, leading to immediata cause. Enter UNDERLYING	BUE TO (OR	AS A CONSEQUENCE OF	meto	boly	and	ino		
CERTIFICATION	CAUSE (Disesse or injury that initiated events resulting in deeth) LAST	d. Aut	AS A CONSEQUENCE OF AS A C	Fr: Facls	ng				
	PART II. Other algnificant condition	ns contributing to der	th but not resulting	in the underlyin	a ceuse alven in	Port I. 24a	. WAS AN AUTOPS	24h	WERE AUTOPSY FINDINGS
: MEDICAL	Hyperten pm						PERFORMED? YES 2 (1) NO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C)	heck only one)			
Sic	1 YES 2 PHO	HOSPITAL:	/Outpatient 3 DOA	OTHER:	ne 5 🗆 Residence		ecify)		
BY PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJI (Month, Day, Y		ME OF 28c. IN.	JURY AT	T	E HOW INJURY O	CCURED	
ВУ	1 Netural 5 Pending 2 Accident Investigation	P.CV-			YES 2 NO				
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF IN building, etc.	JURY — At home, ferm, (Specify)	street, factory, offic	ce .	261, LOCATION City or Tox	N (Street and Numb wn, State)	er or Rurel F	loute Number,
COMPLETED		ICIAH: To the best of my ER: On the basia of exami							and manner as stated.
TO BE		pukels, n			29c. LICENSE NU	MBER 45	29d. DA	9/1	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHE	OCH BEH	F DEATH (ITEM 27) (Typ	PAN SE	cours Ho	HITAL	, mu le). Ba	eto. md >1233
	SEP 2 0 1991	32. REGISTRAR'S							



	HOSPIT	FUNERA	within 7	TANT:
	TO THE HOSPITA	TO THE FUNERA	pe filed	IMPORTANT:
6	-	1	r	
(E	V)	y	L	t

2

30. NAME AND ADDRESS OF R.

2 0 1991

DR.

	1. DECEDENT'S NAME		AMES ENC		WIS		OF DE	AIII	2. DATE OF DEAT MONTH	N DAY	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY		5. SEX	6. AGE (In yrs. le		IF UNDER 1	YEAR IF U	NDER 24 HRS.	7. DATE OF BIRTH	18		2:00 a.
	579-05-8	064	1 📉 M 2 🗌 F	95	YRS.	MONTHS	DAYS HOU	RS MIN.	(Month, Day, Yea		Country)	
	9a. FACILITY NAME (I	f not institution, give	street and number)			9b. CITY, 1	TOWN OR LOC	CATION OF D			V113	ginia
O.			.,Ft. How	ard, Mar	yland	. E	Baltim	ore			altimo	
DIRECTOR	RESIDENCE OF	DECEDENT 10b. COUN	77									
E E	Maryland		 timore Ci	tv		y, town on Saltin					10-	d. INSIDE CITY LIMITS?
AL C	10e. STREET AND NU		CHROLE GI	. cy		altill						YES 2 🗌 I
ERA	3116 Brig	ehton St	reet				101. ZIP C	1216			S.A.	T COUNTRY?
FUNE	11. MARITAL STATUS	5110011 00		T EVER IN U.S. AF	BMED	12 14			NIC ORIGIN? (Specif			
	1 Never Married		FORCES? 1	X YES 2 1		H :	yes, specify C	Suban, Maxica	in, Puarto Rican, atc	y Yea or No—	Black, W	American India hita, atc.
ВУ	3 Wildowed 4	Divorced	W	-		1 ''	☐ YES 2 🛣	NO Specif	у:		Specify:	Black
9	15 (Spec	S. DECEDENT'S EDI	UCATION de completedi	16a. DE	ECEDENT'S	USUAL OCC	CUPATION uring most of w		16b. KIND OF	BUSINESS/INDO	JSTRY	DIACK
E	Elementary/Second		College (1-4 or 5		. Do NOT us	a retired.)	ung most or w	rorking	U.S.	Gover	nmen	ıt.
COMPL			College	Cor	nstr	ucti	on En	ngine	er D ep	t of (Comme	rce
8	JAMES LEX						18. M	NOTNER'S NA	ME (First, Middle, Ma	iden Surname)		
BE									CAMPBELI			
6	19a. INFORMANT'S NA				b. MAILING	ADDRESS ((Street and Nun	mber or Rural	Route Number, City of	Town, State, Zip	Code;	
	Cornelia		Raynor	- :	3116	Bri	ghton	St.	Balti	more,	MD 2	1216
		Other (Specify)		cametery, cre					0/20	F.77		***
	21. SIGNATURE OFFU	meral service L	Em	\$	Verno	25 Ba	OI GV	WYNNS	9/22 GUTYNUTTE Falls Marylan	r Fune	ral H	lomes
TION	23. PART I. Enter to shock, iMMEDIATE CAUSE disease or condition resulting in death) Sequentially list or	the diseases, pr. pr heart failure.	complications the List only one cau	Mr. 7	Peth. Do no.	25 Ba ot enter the	AME AND ADD Ol Gv ltimo	WYNNS	Falls	r Fune	ral H	Approxima
- CERTIFICATION	23. PART I. Enter t shock, iMMEDIATE CAUSE disease or condition resulting in death) Sequentially list or if any, leeding to in cause. Enter UNDE CAUSE (Disease or that initiated event resulting in deeth)	the diseases, pr pr heart failure. E (Finel pn	complications in List only one cau. e. Resp: DUE TO b. Multi DUE TO c. Gastr DUE TO d.	iratory (OR AS A CONSECTION AS	Arres OUENCE OF inal	25 Ba ot enter the st.	AME AND ADD O1 Gv 1timo he mode of	WYNNS OYE, dying, auc	CUTYNUTTE Falls Marylan has cerdlec or n	er Fune Parjkt Id 2 espiretory arre	ral H	Approxima
: MEDICAL CERTIFI	23. PART I. Enter t shock, iMMEDIATE CAUSE disease or condition resulting in death) Sequentially list or if any, leeding to in cause. Enter UNDE CAUSE (Disease or that initiated event	the diseases, pr pr heart failure. E (Finel pn	complications in List only one cau. e. Resp: DUE TO b. Multi DUE TO c. Gastr DUE TO d.	iratory (OR AS A CONSECTION AS	Arres OUENCE OF inal	25 Ba ot enter the st.	AME AND ADD O1 Gv 1timo he mode of	WYNNS OYE, dying, auc	Part I. 248. WAR.	r Fune	ral F Way 1216 at,	Approximatintervel Be Onset and Properties of the Conset and Italian Price of the Conset and I
YSICIAN: MEDICAL CERTIFI	23. PART I. Enter the shock, iMMEDIATE CAUSE disease or condition resulting in death) Sequentially list course. Enter UNDE CAUSE (Disease or that initiated event resulting in deeth) PART II. Other align 25. WAS CASE REFERE EXAMINER? 1 YES 2 N	the diseases, property of the diseases, prop	complications in List only one cau. e. Resp: DUE TO b. Multi DUE TO c. Gastr DUE TO d.	Mt. I	esth. Do no. Arresouence of an faculture of inal ouence of resulting in	25 Ba ot enter the st :: St :: Bleec :: The under the	AME AND ADE OI GV. Itimo he mode of	WYNNS DYE, dying, auc	Part I. 24m. WAS	er Fune Parjkt d 2 espiretory arre	ral F Way 1216 at,	Approxima Intervel Be Onset and
BY PHYSICIAN: MEDICAL CERTIFI	23. PART I. Enter to shock, iMMEDIATE CAUSE disease or condition resulting in death) Sequentially list confirm, leeding to incause. Enter UNDE CAUSE (Disease on that inflated event resulting in deeth) PART II. Other align 25. WAS CASE REFERE EXAMINER? 1 YES 2 N	the disease, property of the disease, property of the disease, property of the disease, property of the disease, property of the disease of t	complications the List only one cau e. Resp: DUE TO b. Multiput To c. Gastr DUE TO d. HOSPITAL: 1 & Inpetient 2 28e. DATE OF (Month, D	Mt. I	Arresource of an faculture of inal Douence of a pour control of the control of th	25 Ba ot enter the st :: illure Bleec The under the u	AME AND ADE OI GV. 1timo he mode of ling eriying caus 28. PLACE OI 19 Home 5	WYNNS DYE, dying, auc	Part I. 24a. WAA PER 1 YE SCHOOL OF THE PER 1 Y SCHOOL OF THE PER 1 YE SCHOOL OF THE PER 1 Y SCHOOL O	er Fune Parjkt d 2 espiretory arre	24b. WEI AMA COINT IN THE MANA	Approxima Intervel Be Onset and Intervel Be
Y PHYSICIAN: MEDICAL CERTIFI	23. PART I. Enter to shock, iMMEDIATE CAUSE disesse or condition resulting in death) Sequentially list or if any, leeding to it cause. Enter UNDE CAUSE (Disesse Dithat initiated event resulting in deeth) PART II. Other aign 25. WAS CASE REFERE EXAMINER? 1 YES 2 NATE OF THE CAUSE (DISESSE) 27. MANNER OF DEATH 1 YES 2 NATE OF THE CAUSE (DISESSE) 28. WAS CASE REFERE EXAMINER? 1 YES 2 NATE OF THE CAUSE (DISESSE) 29. MANNER OF DEATH 1 NATIONAL OF THE CAUSE (DISESSE) 20. CSETTINE DISESSE (DISESSE)	the diseases, property of the diseases, prop	Complications the List only one cau. e. Resp: DUE TO b. Multi DUE TO c. Gastr DUE TO d. HOSPITAL: 1 × Inpetient 2 28e. PLACE O	Mt. I	Arres ouence of an fa ouence of inal ouence of	OTHER: OTHER: 4 Nursing Market, factory	AME AND ADE O 1 GV. 1 time he mode of ling eriying caus 28. PLACE Of ng Home 5 Sc. INJURY AT WORK? 1 YES 2 y, office	WYNNS DYC, dying, auc	Part I. 24s. WAS PER 1 YE SCHOOL OF THE PER 1 YE SCHOOL OF THE PER 1 YE SCHOOL OF THE PER 1 YE SCHOOL OF THE PER 1 YE SCHOOL OF THE PER 1 YE 281. LOCATION (Str. City or Rown, S	er Fune Parjky d 2. espiretory arre	ral F. Way 1216 Part,	Approxima Intervel Be Onset and Onset and Intervel Be Onset and Intervel Be Onset and

9600 North Point Road.
32. BEGISTHAR'S SIGNATURE
Junia Davidson-Randelle

21052

Fort Howard, Maryland

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2% hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF M	ARYLAND / DEPAR CERTIF	TMENT OF H		MENTAL HYGIE REG. N	NE -	1 25578			
	1. DECEDENT'S NAME (First, Middle, Last) LAWRENCE LOCKLE	AR				2. DATE OF DEATH SEPTEMBER	(NAY 19, 19	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 244.52-7279 9a. FACILITY NAME (If not institution, give st	5. SEX	6. AGE (In yrs. lest birthday) 55 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	36	BIRTHPLACE (State or Foreign Country)			
G G	THE JOHNS HOPKINS				ORE CITY		BALTII	MORE CITY			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10.	Y, TOWN OR LOCA				10d. INSIDE CITY			
	10e. STREET AND NUMBER		101	Himp	1. ZIP CODE		10g. CITIZEN	1 YES 2 NO			
FUNERAL	2102 MOYE		EVER IN U.S. ADMED	140 1110 000	2123	1		DSA			
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 24 NO	Il yea, sp 1 TYES	1 2 NO Spec	ANIC ORIGIN? (Specify to can, Puarto Rican, etc.) cify:	ea or No 14.	RACE — American Indian, Black, White, atc. Specify Am. /NO			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of the control of	Cation completed) College (1-4 or 5 +	(Give kind of a	USUAL OCCUPATE work done during mo ee retired.)	ON ost of working	16b, KIND OF B	USINESS/INDUS	TRY			
BE CO		LOCKI			JESSI	E OXI	EnDIL	E			
임	AVENS WEAR	ins	2/02	ADDRESS (Street I	nd Number or Rura	BAHO, A	Mn. State, Zip Co	1231			
	20e METHOD OF DISPOSITION 1 Burlet 2 Cremetion 3 Remo	oval from State	20b. PLACE AND DATE		ame of	ONTE 20c. L	OCATION - CITY	or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	hourson,	22. NAME A	ND ADDRESS OF	ACILITY	INDEES	Ahastan			
	* gathlesi	Wei	w	Eow	ped J.	WEBER	7010	St.			
	23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	list only one caus	caused the death. Do not be on each line. diff and for one as a consequence of			ich as cardiac or res	piratory arreat	Approximata interval Batween Onset and Death A 24 Mrs.			
N N	Sequentially list conditions,	Hyp	restension					years			
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO	OR AS A CONSEQUENCE O	F):							
RTIFI	that initiated eventa reaulting in death) LAST	DUE TO	OR AS A CONSEQUENCE OF	F):							
E C	PART II. Other significant conditions	s contributing to	death but not resulting	in the underlyin	a causa aiyan i	n Part I 24a WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS			
PHYSICIAN: MEDICA						PERF(PRMEO?	MAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO			
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. Pt	LACE OF OEATH (C	Check only one)					
IYSIC	1 YES 2 NO 27. MANNER OF GEATH	1 Inpetient 2 =	ER/Outpatient 3 DOA			a Other (Specily)					
	A MAINTEN OF OLATH	(Month, Da		URY WO	PURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED			
00 1	1 Natural 5 Pending 2 Accident Investigation			2 Science 3 Suicide 4 Could not be determined 26s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 26s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)							
ETED BY	2 Accident Investigation 3 Suicide & Could not be	26s. PLACE OF building, a	INJURY — At home, larm, letc. (Specify)	street, factory, offic	•	281. LOCATION (Stree City or Town, Stat	t and Number or I e)	tural Houte Number,			
1 0	2 Accident Investigation 3 Suicide a Could not be determined 29a. CERTIFIER (Check only)	Dullding, a	ny knowledge, death occurr	ed at the lime, date	end place, and do	city or fown, Stat	enner as stated.	iuse(a) and manner as stated.			
BE COMPLETED	2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER VINCLAST L. J.	CAN: To the best of ax	my knowledge, death occum emination and/or investigation	ed at the lime, date on, in my opinion, d	end place, and deleth occured at the 29c. LICENSE NI	City or fown, States to the cause(a) and more time, data and place, and more time.	anner as stated. and due to the co	quee(a) and manner as stated. GNED (Month, Day, Year)			
E COMPLETED	2 Accident 3 Suicide a Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	CAN: To the best of ax	my knowledge, death occum emination and/or investigation	ed at the lime, date on, in my opinion, d	end place, and deleth occured at the 29c. LICENSE NI	City or Town, States to the cause(a) and more time, data and place, and place	anner as stated. and due to the co	quee(a) and manner as stated. GNED (Month, Day, Year)			

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TO THE MEST AL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours are certificated by the high and completely filled in by the inner aments. Pages 1, 2, 3 should be fitted for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or remove that the state death with the State Dept. of Health and Mental Hygiene prior to bunal, the medical examinar must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIFI	TMENT OF H	EALTH AND	MENTAL HYGIENE REG. NO.			
	t. DECEDENT'S NAME (First, Middle, Last)	Diana Lucr	etia	LAYNE		2. DATE OF DEATH	9TAR	3. TIME OF DEATH 4:17 P _M	
	4. SOCIAL SECURITY NUMBER 220-12-4481 BB. FACILITY NAME (If not institution, give s	1 - M 2 - F	(In yrs. lest birthday) 97 YRS.	# UNDER 1 YEAR MONTHS DAYS	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 08-01-1894	4 Vi	rginia	
CTOR	Franklin Square				R LOCATION OF DI		Baltimor		
FUNERAL DIRECTOR	Maryland Bal	v timore	10c. CITY	ESSEX	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
RAL	100. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?	
BY FUNE	1025 Beach Road 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? t YES IF YES, GIVE WAR OR	2 XNO	It yes, spe	21221 ENDENT OF HISPAI colfy Cuban, Maxica 2 XNO Specifi	NIC ORIGIN? (Specify Yearin, Puarto Rican, etc.)	USA or No 14. RAC Blac Spec	E — American Indian, k, Whita, atc.	
BE COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) UNIX NOWN	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of we life. Do NOT use HOMEMA	ork done during mos retired.)	N it of working	186 KIND OF BUSI			
CON	17. FATHER'S NAME (First, Middle, Last)		Trome and		18. MOTHER'S NA	ME (First, Middle, Melden S			
	Joseph Ottobine S 190. INFORMANT'S NAME (Type/Print)	shiffleti.	10h MAII INC	ADDRESS (Street		ine Coleman Route Number, City or Town			
은	Joseph A. Ewing					Road. Balti		71777	
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Rem	oval from Stata 20	b. PLACE AND DATEO	FOISPOSITION /No	ne of 0/10	DATE 200 LOC	ATION CITY OF TO	Banks	
C	4 Donation 5 Other (Specify)	POSEE O	t. Bethel	Duda-F	uck Fun	hurch Cem court eral Home o nue. Bultim	6 Dundal	ck. Inc.	
ATION	Approximate shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Renal failure Due to (or as a consequence of): Dehydration, Congestive fiailure Due to (or as a consequence of): Dehydration but to (or as a consequence of): Dehydration but to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):								
CERTIFICATION	CAUSE (Disease or injury that initiated events reauting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	:					
PHYSICIAN: MEDICAL	of liver, Chronic venous insufficiency							WERE AUTOPSY FINDINGS AWAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL/	ACE OF DEATH (Ch	ack only one)			
BY PHYS	1 VES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending Investigation	1 Inpatient 2 ER/Out 28s. DATE OF INJURY (Month, Day, Year)		OF 28c. INJU	RY AT	6 Other (Specify) 28d, DESCRIBE HOW IN.	JURY OCCURED		
	3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, st	me, farm, street, factory, office 28f. LOCATION (Street and Number or City or Town, State)			d Number or Rural F	loute Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINE	CIAN: To the best of my known R: On the basis of axamination	viedge, death occurred on and/or investigation	i et the time, deta : , in my opinion, de	and place, and due	to the cause(a) end mann time, data and place, and	er as stated. dus to the ceuse(s) and menner as etzted,	
O BE	298, SIGNATURE AND TITLE OF CERTIFIER THOUGHT IF	anu "	X.	100	29c. LICENSE NUN	IBER	29d. DATE SIGNED	(Mgnth, Day, Year)	
	Dionisio Garcia	, MD 413 Ea	eath (ITEM 27) (Type, IStern Ave	e., Balt	o., MD	21221	(1)		
	31. DATE FILED (Month, Day, Year) SEP 2 0 1991	32 REGISTRAR'S SIGN		•			· · · · · ·		

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filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should death. Page 6 may be retained by the hospital or attending physician 3ALTIMORE, MARYLAND 21215-0020 certificate has been signed by the attending physician and completely filler in the State Dept, of Health and Mental Hyglene prior to burial, cremation,

. of Heath and Mental Hygiene prior to burial, cremation, or removal. shows any injury, or other traumatic event, the medical examiner must be notified at once.

BY PHYSICIAN: MEDICAL CERTIFICATION

COMPLETED

1 🔀 Natural

2 Accident 3 Suicide

4 Homicide

29e. CERTIFIER

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BE COMPLETED BY FUNERAL DIRECTOR

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2	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760	SPITAL OR ATTENDING PHYSICIAN: TH
5	OR
	SPITAL

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1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND C	DEPAR	RTMENT	OF H	DE A	AND	MEN'	TAL HYGIEN				
1. DECEDENT'S NAME (First, Middle, Lest)				10		DEA			TE OF DEATH		MEAT	3. TIME OF DEAT	Н
STEVEN		SKFORL		HORR	15				-	8	YEAR	5:10	4
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. I		IF UNDER	1 YEAR	IF UNDER	MIN.		TE OF BIRTH onth, Day, Year)		8. BIRTH Counti	IPLACE (State or Fo	reign
214 92 0840 Se. FACILITY NAME (If not institution, give	P	27	YRS.						7-10-6		Mar	yland	
UNIVERSITY OF MA		DSPIDAL				R LOCATI					NTY OF D	7	
RESIDENCE OF DECEDENT	1 - 7			Uni	117100	RE, P	unicy	LAN)	8/1	(1444) 11-5	cong.	
10a. STATE 10b. COUNT	Υ		10c. CI1	TY, TOWN C	R LOCAT	ION						10d. INSIDE CITY	
Maryland			В	alti	nore							1XXYES 2	NO
10e. STREET AND NUMBER			·		101	. ZIP COD	E			10g. CIT	IZEN OF V	VHAT COUNTRY?	
2914 Brighton Str						212	16			U	. S.	Α.	
11. MARITAL STATUS XXX Never Married 2 Merried	12. WAS DECEDEN	YES 2	RMED NO	13.	WAS DEC	ENDENT C	OF HISPA	NIC ORI	GIN? (Specify Yes	or No-	14. RACE	— American India	ın,
3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES				2 NO			io riicell, etc.,		Speci	ry:	
15. DECEDENT'S EDU	ICATION	16a D	ECEDENT:	B USUAL OG	CO IBATIO						and the same	Black	
(Specify only highest grade Elementary/Secondary (0-12)	completed)		Give kind of b. Do NOT u	work done o	during mo	st of worki	ng		16b. KIND OF BUS	SINESS/INC	DUSTRY		
	ech Scho	'	Dro	ftsma	2 = 2			[U. S. P		1 0-		
17. FATHER'S NAME (First, Middle, Last)	een seno	01	DLa	LUSINA	111	18 MOT	HED'S N	_	t, Middle, Meiden		1 26	rvice	
Stepter Morris										Surname)			
19e. INFORMANT'S NAME (Type/Print)		1	Ph. MAIL INC	ADDRESS	/Street e	Be Be	rtna	Dougla M	Brown umber, City or Tow	- Chate Tie	Cartes		_
Bertha Morris		1										21 21 6	
20e METHOO OF DISPOSITION XX Burlet 2 Cremation 3 Rem		20b.PLACE					I		imore,			21216	
XX Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ioval from State	cemetery cu	ematory or o	other place)								, Maryla	1
21. SIGNATURE OF FUNERAL SERVICE LE	CENSEE	1 wes	rern	22.1	NAME AN	DADDRE	SS OF FA	SCILITY SCILITY	Nutter	Fune	ral	, maryla Homes, I	na
> haust	- 20			1 2	2501	Gwy	nns	Fa1	1s Park	way	Lar	nomes, 1	iic .
1 Juny	- Para	2		1 1	Balt	imor	e. N	arv	land 2	1216			
23. PART t. Enter the diseesea, or ehock, or heart failure.	complications that	t ceused the d	eeth. Do i	not enter	the mo	de of dy	ing, suc	h as c	erdiec or reepi	ratory an	rest,	Approxima	
IMMEDIATE CAUSE (Final												Onaet and	
disease or condition resulting in death)	a. CAROJOPULA	MONTHLY A	ERECT	K A CO	WSEC	90	LYM	PHo M	A OF CE	AT. ALGO	LU SH	7.	
	DUE TO	(OR AS A CONSE	OUENCE O	IF):						4176			
Sequentially list conditions.	b												
if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE O	IF):									
CAUSE (Disease or Injury	C												
that initieted events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE O	F):									
	d												
PART II. Other aignificant condition	s contributing to	deeth but not	reaulting	In the un	derlying	ceuse (iven in	Part I.	24a. WAS AN	AUTOPSY	24b	WERE AUTOPSY FIR	UDINGS
(ERROR) AMERICAN TO THE		LIMMUNOD							PERFOR	MED?	-	AVAILABLE PRIOR 1	ro
				100	271	APPA	ALIC .		1 TYES 2	NO NO		OF DEATH?	
												1 YES 2 N	.0
25. WAS CASE REFERRED TO MEDICAL					26 DI	ACE OF D	EATH M	and and	(000)				
EXAMINER? 1 YES 2 NO	HOSPITAL:	EB/Outpotters	. D. B.O.	OTHER	2								
27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TIM	-	ing Home		eldence		her (Specify)	HIEN OC	CURES		
4.69] 41-4	(Month, D	ey, Year)	INJ	JURY	WO	RK?		400. L	LACINDE UOM II	WORLD OCC	UNEU		

TO THE HOSPITAL OR ATTENDII TO THE FUNERAL DIRECTOR: At be filed within 72 hours after de IMPORTANT: If Item 28 Is BE DIAS, MICHAEL 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DIAS, MICHAEL 328-6111 31. DATE FILED (Month, Day, Year) 12. REGISTRAR'S SIGNATURE SEP 1991 ulia Savidson Randelle 2

29b. SIGNATURE AND TITLE OF CERTIFIER

5 Pending Investigat

6 Could not be determined

NIA

NA

28e. PLACE OF INJURY — building, atc. (Specify)

DHMH-16 Ray 1/89

NIA

28t. LOCATION (Street end Number or Rural Route Number, City or Town, State)

29d. DATE SIGNED (Month, Day, Year)

9-18-91

1 YES

2 MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occurred at the time, date end piece, and due to the cause(s) and menner as stated.

At home, term, street, factory, office

t 🗑 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) and menner as stated.

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29c. LICENSE NUMBER

22 SOUTH GREENE ST. BALT. MD 21 247.

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3. TIME OF DEATH 9:18

BEG NO

9- 16-1991

2. DATE OF DEATH

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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MANKIEWICZ

JAMES

5. SEX 7. DATE OF BIRTH (Month, Day, Year) 49 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign Maryland 1 M 2 - F MONTHS DAYS HOURS MIN. 214-54-4304 42 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DRATH 9c. COUNTY OF DEATH Mercy Hospital Medical Ctr. Baltimore City DIRECTOR RESIDENCE OF DECEDENT 10c, CITY TO LOCATION 10e STATE 10h COUNTY 10d. INSIDE CITY Md. Baltimore CIty VES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 124 N. East Avenue 21224 U.S.A. filled in by the funeral director, page 5 should be detached for use as the burial-transit on, or removal. iours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No —] 14. RACE — American Indian, If was exactly Cuban, Maylean Pierto Rican, etc.) 11. MARITAL STATUS 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES WHITE BY 3 Widowed 4 Olvorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) College (1-4 or 5+) Unknown Iron Worker Ironworkers Local 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Peter James Mankiewicz notified at Irene Kaminski BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Lorraine A. Mankiewicz 124 N. East Ave., Balto., Md. 21224 be 1 20b. PLACE ANO DATE OF DISPOSITION (Name 28c. LOCATION — City or Town, State OATE must Holy Rosary Cemetary 9-21-91 4 Donetion 5 Other (Specify) Balto., Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LIGH 22. NAME AND ADDRESS OF FACILITY Moran-Ashton Funeral Home, INc. 3000 E. BAltimore, St.BAlto.Md.21224 medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory srrest, shock, or heart failure. List only one cause on each line. intervai Between Onset and Death **IMMEDIATE CAUSE (Fine)** signed by the attending physician and completely fille Health and Mental Hygiene prior to burial, cremation, the disease or condition_ Propubly Necrotizin Sha within resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF) other traumatic CERTIFICATION Sequantielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING **CAUSE** (Disease or injury QUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 shows any injury, PART ii. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i, 24s. WAS AN AUTOPSY 24b. WERF AUTOPSY FINDINGS MEDICAL AVAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? Hogy to be O Sinos 1. 1 TYES 2 NO MAN 1 TES 2 NO рееп PHYSICIAN: A.P. Item 23 has 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate his HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO ng Home 5 🗆 Residence 8 🗆 Other (Specify) 4 🗌 Nu 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO 28b. TIME OF INJURY this c 28 Is marked, 1 Natural м 1 YES 2 NO BY FUNERAL DIRECTOR: After within 72 hours after death 2 Accident ATTENDING 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined COMPLETED 4 Homicide TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTI De filed within 72 hours at IMPORTANT: If Item 2 1 CERTIFYING PHYSICIAN: To the best of my knowledge, daeth occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND THE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29¢ LICENSE NUMBER 띪 9993 rit; W Coulut 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) PAUL 3 3 PLACE WERR 1/21 22. REGISTRAR'S SIGNATURE 31. DATE FILED (Mornty, Day, Year) 199 whia Savidson-Randell DHMH-18 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

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REGISTRAR		CERTIFIC			MENTAL HYGIEI REG. NO			
1. OECEOENT'S NAME (First, Middle, Last)				1	2. DATE OF DEATH MONTH	DAY YE	3. TIME OF DEATH	
WILLIAM P. MacNEIL						8 91	1 6 AN	
4. SOCIAL SECURITY NUMBER			ONTHS DAYS	HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year)	6.	BIRTHPLACE (State or Foreign Country)	
369-20-7191 9e. FACILITY NAME (If not institution, give str	1⁄₹M2□F 65		N. OUTH TOWARD	R LOCATION OF D	MAR. 14,19		CHIGAN	
107 PARADISE AVE				SVILLE	EAIH	9c. COUNTY BALTI		
10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY	
MARYLAND BAI	TIMORE	CA'	TONSVIL	I.E			LIMITS? 1 ☐ YES 2♥☐ NO	
10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
107 PARADISE AVEN	IUE			21228		U.S	.A	
MARITAL STATUS Never Merried	12. WAS DECEDENT EVER FORCES? 1 TY YES IF YES, GIVE WAT OR I	2 NO	If yes, spe		NIC ORIGIN? (Specify Yor, Puerto Rican, atc.) y:	ee or No— 14.	. RACE — American Indian, Black, White, etc. Specify: WHITE	
15. DECEDENT'S EDUC	ATION	18e. DECEDENT'S U	SUAL OCCUPATION	DN	18b. KIND OF BI	JSINESS/INDUS		
(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wo	rk done durina mo	st of working			71	
, , , ,		DIVISION	N DIREC'	TOR	SOCIAL	SECURI	TY ADMINISTRA	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maide			
WILLIAM D. MacN	EIL				TIA A. PAI			
9e. INFORMANT'S NAME (Type/Print)					Route Number, City or To		,	
GRACE E. MacNEIL					CATONSVII			
20e. METHOD OF DISPOSITION 1 M Burtlel 2 Cremation 3 Removal from State 4 Donetion 5 Dither (Specify) Date 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, cremationy or other place) MEADOWRIDGE MEMORIAL PARK 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State								
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC.								
epipe N	Skann	ev.						
23. PART / Entar the diseases, or c	omplications that cause	d tha daeth. Do no	t enter the mo	da of dving, suc	h sa cardiac or rea	piretory arreat	E. MD. 21229	
shock, or hasrt feilure. I	Conge	A CONSEQUENCE OF):	Ne	ent 7	Faclus dije	e	Interval Betweer Onset and Death	
oue to (or as a consequence of the strength of								
CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):								
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. Ventrecular Ectopy 1 YES 2 NO							24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
OF WAS CASE DESCRIPTION TO MEDICAL							1	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (C				
27. MANNER OF DEATH	1 Inpatient 2 ER/Ou	tpetient 3 DOA 28b. TIME		- '	6 Other (Specify) 28d. DESCRIBE HOW	IN HIRV OCCUR	PED	
1 Natural 5 Pending	(Month, Day, Year)	INJU	RY WO	PRK?	200. DESCRIBE NOW		100	
2 Accident 3 Suicide 6 Could not be determined City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Ru City or Town, State)						Rural Route Number,		
29e. CERTIFIER (Check only 0ne) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.								
29b. SIGNATURE AND TITLE OF CERTIFIER			, , , , ,	29c. LICENSE NU		W		
1/9	nex/1	nD.FAC	G	D252	76	P 9	SIGNED (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON WHO							21228	
DR. ZAHID BUTT	716 MA	IDEN CHOI	CE LANE	SUI	TE 302	BALTIM	IORE, MD.	

DHMH-16 Rev 1/89

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VISION OF VITAL RECORDS, P.O. BOX 68760	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 no

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to hourial, cremation, or removal. IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI	MENT OF HEAL	TH AND MEATH	IENTAL HYGIEN		.0000	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATN	
	JOHN	McGOWAN				09 16		3:55 P M	
	268-16-1545	1 [KM 2 [] F	6. AGE (In yrs. lest birthdey) F UNDER 1 YEAR FUNDER 24 HRS. ON THE DAYS HOURS MIN.			7. DATE OF BIRTH (Month, Day, Year) 2-29-19	On H	HPLACE (State or Foreign	
~	Sa. FACILITY NAME (If not institution, give street	at and number)	91	b. CITY, TOWN OR LO	CATION OF DEA	-	9c. COUNTY OF	DEATH	
DIRECTOR	509 GLEN ALLEN	I DRIVE		BAL	TIMOR	E CITY			
	MD .			rown on Location Baltimo:	re Cit	Т У		10d. INSIDE CITY LIMITS? 1 % YES 2 NO	
FUNERAL	100. STREET AND NUMBER 509 Glen Allen	Drive		10f. ZIP (CODE 1229			WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Diolyoced	12. WAS DECEDENT, EVER IN U FORCES? 1 7 YES IF YES, GIVE WAR OR DAT	2 NO	13. WAS DECENDE If yea, specify (Cuban, Maxican,	C ORIGIN? (Specify Yea, Puarto Rican, etc.)	Bla	ck, White, etc.	
ED	15. DECEDENT'S EDUCAT	TION		UAL OCCUPATION		16b. KIND OF BUI	I SINESS/INDUSTRY		
Ē	(Specify only highest grade co	mpleted) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	UAL OCCUPATION is done during most of westired.)	vorking				
MPL			Maint	enance		Reti	red		
BE COMPLET	17. FATNER'S NAME (First, Middle, Last)			16. 1	MOTNER'S NAM	E (First, Middle, Maiden	Surname)		
TO B	19a. INFORMANT'S NAME (Type/Print) RON McGowan		19b. MAILING AD	South	mber or Rural Ao	oute Number, City or Tow Ridge Se	n, State, Zip Code) attle.V	Wash.98178	
	20a. METNOD OF DISPOSITION 16 Burlel 2 Cremation 3 Remove	al from State 20b. P	LACEANDDATEOFO	DISPOSITION (Name of		DATE 20c.10	cation - city or 1	Town, State	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN		. 21011	22. NAME AND AD					
	· Doretha		#281	E.L.Ph	illips	_ m/TT 1/2	1-27 N. to.,MD.	Monroe St. 21217	
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such sa cardisc or respiratory screet, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel diseases or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other algnificant conditions of	contributing to death but	not resulting in t	he underlying cau	se given in Pa	art I. 24a. WAS AN PERFOR	MED?	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			F DEATH (Check	k only one)			
PHYSICIAN:	XIX YES 2 NO 1	☐ Inpatient 2 ☐ ER/Outpati	ent 3 DOA 4	THER: Nursing Home X6X	Raaldenca 8	Other (Specify)			
	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	28b. TIME OF		Т 2	ed. DESCRIBE NOW II	JURY OCCURED		
B	2 Accident Investigation	00 - BLACE OF WAR		M 1 TYES					
COMPLETED	3 Suicida 8 Could not be 4 Nomicide datarminad	28s. PLACE OF INJURY — building, atc. (Specify,	At home, farm, atrea	it, factory, offica	2	City or Town, State)	nd Number or Rural	Route Number,	
MPL	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIA XIX MEDICAL EXAMINER: 0	N: To the best of my knowled On the basis of examination a	ge, death occurred at	t the time, data and p	lace, and due to	the cause(a) and man	ner as stated.		
BE C	29% SACHATURE AND TITLE OF CERTIFIER	Lall.	7		LICENSE NUMB	ER		(Month, Day, Year) 16 1991	
2	30. NAME AND ADDRESS OF PERSON WHO'C	4 1/	H OTEN 27) (Nos. And	46			• 03	10 1001	
	31. DATE FILED (Month, Day, Year)	JR MD 11	1 PENN	STREET	BALT	IMORE, MA	RYLAND	21201	
	SEP 20 1991 9	32. REGISTRAR'S SIGNATI	ndebl						

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0400 0111 01101	the hospital or attending physician.	detached for use as the burial-transit parmit beans 4 o o stands	comment of the party bearing the property of the state of	9000	
	The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	All the transfer of the attending physician and completely filled in by the funeral director, name 5 should be detached for use as the burial-transie name in the second of the second o	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	makes, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	TO THE HOSPITAL OF	TO THE FUNERAL DIRECTLE	be filed within 72 tours (mil	IMPORTANT: If from ed	1

_	1 - STATE REGISTRAR	STATE OF	MARYLAND C	DEPAR	TMENT OF	HEALTH AND		YGIENE EG. NO.	<i>J</i> 1	2000.		
	1. DECEDENT'S NAME (First, Middle, Last	emes	L. Mur				2. DATE OF MONTH	DEATH	1991	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 421–36–0478	5. SEX	6. AGE (In yrs. Is	est birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, De	DIRTH		HPLACE (State or Foreign ry)		
TOR	90. FACILITY HAME (If not institution, give street and number) Liberty Medical Center RESIDENCE OF DECEDENT 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF Baltimore											
DIRECTOR	10a. STATE Md 10b. COUN							10d. IHSIDE CITY LIMITS? 1 X YES 2 \(\text{HO} \) HO				
FUNERAL		h Avenue 21216						10g. CITIZEN OF WHAT COUHTRY?				
BĄ	11. MARITAL STATUS 1 Haver Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDER FORCES? IF YES, GIVE V	If yes, sp	CENDEHT OF HISPA secify Cuben, Mexic 5 2 HO Spec	en, Puerto Ricar	pecify Yee or Ho-	- 14. RACI Blac Spec	E — American Indian, k, White, etc.				
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5	(0	ECEDENT'S L Sive kind of w Do NOT use	JSUAL OCCUPATI ork done during me retired)	OH ost of working		D OF BUSINESS				
	17. FATHER'S HAME (First, Middle, Last)						AME (First, Middle					
TO BE	James L. Murph		19	b. MAILING	ADDRESS (Street)	and Number or Rura	L. Dav	-	Zip Code)			
۴	196. INFORMANT'S HAME (Type/Print) Ethel Murphy 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1616 Braddish Avenue Baltimore, Md 2121											
	20b. PLACE AND DATE of DISPOSITION 1											
	21. SIGHATURE OF FUNERAL SERVICE LICENSEE Ala March F/H West 4300 Wabash Avenue									- Y-100		
CERTIFICATION	ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A COHSEQUENCE OF):							or respiratory	arreet,	Approximate Interval Between Onset and Death Jecundy		
MEDICAL	PERFORMED?								WERE AUTOPSY FIHDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 HO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	FR/Outpetlant 2		OTHER:		TH (Check only one)					
ву рну	27. MANHER OF DEATH 1	28e. DATE OF (Month, D.	IHJURY	28b. TIME IHJU	OF 28c. IHJ	URY AT RK?		city) E HOW IHJURY (OCCURED			
	3 Suicide 6 Could not be 4 Homicide determined	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)							ber or Rural R	oute Number,		
COMPL	29a. CERTIFIER (Check only one) 1 CERTIFYIHG PHYS 2 MEDICAL EXAMINE	ICIAH: To the best of	my knowledge, de	ath occurred	at the time, data in my opinion, d	end place, end due	to the cause(s)	end manner as a	itated.	end manner ee stated.		
TO BE	296. SIGHATURE AND TITLE OF CERTIFIE	my				29c. LICEHSE NU	MBER 1	29d. D	ATE SIGNED	(Month, Day, Year)		
	30. HAME AHD ADDRESS OF PERSON WH		211	6 m	rint)	l sue						
	SEP 2 0 1991	fulia Davidse	n's signature Andre	6								

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL	TO THE FUNERAL IDMINITION AND AND AND AND AND AND AND AND AND AN	the medical product of the many of them 23 shows any injury, or other traumatic event, the medical examiner must be notified
TO THE HOSPITAL, OR ALPHAND WITSHAM: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be introduced	TO THE FUNERAL DIRECTOR COMPLETE TO COMPLETE THE SEASON OF THE STRENGING PHYSICIAN AND COMPLETELY filled in by the formal Harden Prior to bring completely filled in by the formal Harden Prior to bring completely filled in by the formal Harden Prior to bring completely filled in by the formal Harden Prior to bring the prior to bring th	IMPORTANT: If III

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGII		233	0.0		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY YE	3. TIME OF DE	EATH		
	RUTH	OHMS				SEPTEMBE					
	4. SOCIAL SECURITY NUMBER 216-30-1445 9a. FACILITY NAME (If not institution, give str	1 🗆 M 2 🛴 F	81 YRS. M	DAYS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month, Day, Year) Nov. 22, 1909 NewJersey					
TOR	327 J Sprind				kland	-Ain	arrett				
DIRECTOR	Md . 106. COUNTY	arrett	10c. CITY, 1	Oaklar			10d. INSIGE CITY LIMITS? 1 ☐ YES 2 ☑ NO				
AL	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY	7		
E	327 J Springe	glade Road			2155		USA				
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DEC	cify Cuben, Maxica	NIC ORIGIN? (Specify in, Puerto Rican, etc.) y:	Yes or No— 14.	or No— 14. RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	15. OECEDENT'S EDUC. (Specify only highest grade of	ATION completed)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done durina mo-	DN st of working	16b. KINO OF	BUSINESS/INOUS		_		
PLE	Elementery/Secondary (0-12) 8th	College (1-4 or 5+)		sewife							
MO	17. FATHER'S NAME (First, Middle, Last)		пои	Sewile		AME (First, Middle, Mail	den Sumame)				
	Charles Hel	Llmund			Sar		,				
TO BE	19a. INFORMANT'S NAME (Type/Print) Barbara Romesk		196. MAILING AI 327 J	Sprin	nd Number or Rural	Route Number, City or Road O	Town, State, Zip Co. akland	Md.215	50		
	28a. METHOD OF DISPOSITION State Commetter Comm										
		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. NAME AND ADDRESS OF FACILITY									
	Connelly Funcial Mome Connelly Funcial Home 300 MACE Ave. 21221										
	23. PART I. Enter the diseases, or co	omplications that caused let only one cause on ea	the death. Do not	enter the mo	de of dying, aud	ch ea cerdiac or re	epiretory erreet	, Approx	imate i Between		
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Onset and Death Due to (or as a consequence of):										
NO	Chwane Obs frutik ling Disease										
CATIC	If eny, leeding to immediate cause. Enter UNDERLYING										
CERTIFICATION	thet initiated events resulting in deeth) LAST d.										
	PART II. Other eignificent conditions	contributing to death by	rt not resulting in	the underlying	Course alven in	Part I 24a WAS	AN AITTOREY	24b. WERE AUTOPS	V EINDINGS		
DICAL	Utenne Caranina Performed? 1 yes 2 & NO								IOR TO OF CAUSE		
PHYSICIAN: MEDIC	Gersal Con	knyni						1 YES 2	□ NO		
AN	25. WAS CASE REFERRED TO MEDICAL			26 01	ACE OF DEATH (C)	back only one)					
SICI	EXAMINER?	HOSPITAL:		THER:		8 Other (Specify)					
HX	27. MANNER OF DEATH	28a, DATE OF INJURY	28b, TIME	OF 28c, INJ	URY AT	28d, DESCRIBE HO	W INJURY OCCUR	ED			
ВУ Р	Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	PULNI		RK7 YES 2 NO						
TED B	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, ferm, str	eet, factory, offic	•	28t. LOCATION (Str City or Town, S		Rural Route Number,			
COMPLETED	doe!	CIAN: To the best of my knowle									
		R: On the basis of axamination	and/or investigation,	in my opinion, d							
TO BE	296. SIGNATURÉ AND TITLE OF CERTIFIER	- My			zec. LICENSE NU	LICENSE NUMBER 29d. DATE SIGNEO (Morrit, Day, Year)					
F	30. NAME AND ADDRESS OF PERSON WAS Robert Coughlin,		ATH (ITEM 27) (Type, P Eglon Cli		Eglon.	W. Va. 2	6716				
Ì		12. REGISTRAR'S SIGNA	-		0,						
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	CONTRACT OF ATTENDIAL DUNCKHAM The last sequines that the death continues in
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC				YGIENE EG. NO.) 2000	
	1. OECEOENT'S NAME (First, Middle, Last) A & SOCIAL SECURITY NUMBER	Phillip	05			2. DATE OF MONTH	DEATH DAY	YEAR 3. TIME OF DEATH 3. 3 d P M	
	202-09-4779	5. SEX 6. AGÉ (FUNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF E (Month, Dii 9/20	y, Year)	8. BIRTHPLACE (State or Foreign Country) PA.	
TOR	90. FACILITY NAME (If not institution, give s	reet and number) EATON /	Ospital		TO., CI		9c. COU	NTY OF OEATH	
DIRECTOR	10a. STATE 10b. COUNTY		100	TOWN OR LOCATION				10d. INSIDE CITY LIMITS? 1XXYES 2 \(\square\) NO	
FUNERAL	100. STREET AND NUMBER 1246 HULL STREE	ET		10f.	ZIP COOE	1230	10g. CIT	USA	
B≺	11. MARITAL STATUS 1 Never Married 2 Merried 3 Midowed 4 Olvorced	12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR D	2)XXXX	13. WAS OECE If yes, spe 1 YES	NOENT OF HISPAN city, Cuban, Mexicer Y NO Specify	IIC ORIGIN? (S n, Puerto Rice :	pecify Yee or No n, etc.)	14. RACE — American Indien, Bleck, White, etc. Specify: WHITE	
COMPLETED	15. DECEOENT'S EQUI (Specify only highest grade Elementary/Secondary (0-12) 8th grade	CATION completed) College (1-4 or 5 +)	16e. DECEDENT'S US (Give kind of work life. Do NOT use in SEAMST	k done during mos etired.)		16b. KIN	D OF BUSINESS/INC	OUSTRY	
BE COM	17, FATHER'S NAME (First, Middle, Last) ISAIAH TROUTM				MMING				
5	190. INFORMANT'S NAME (Type/Print) HOWARD E. ROTH		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1246 HULL STREET, BALTIMORE, MD						
	20a. METHOD OF DISPOSITION 1 General State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 20c. LOCATION — City or Tourish properties of the place o								
	21. SIGNATURE OF FUNERAL SALES	list	Onto	CHARLE	S L. STE	CILITY EVENS	FUNERAL H	HOME, INC. DRE, MD, 21230	
	IMMEDIATE CAUSE (Final	complication that couse Liet only one cause on e	d the deeth. Do not sech line.	enter the mod	le of dying, aucl	h ea cerdlec	or respiratory ar	Approximate interval Between Onset and Death	
_	disease or condition resulting in deeth)	A CONSEQUENCE OF):	, te)			Hant		
CERTIFICATION	Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in deeth) LAST	Ear	les V.	frel	- Des	case year			
PHYSICIAN: MEDICAL C	PART II. Other significent condition	Mustal f	but not resulting in	the underlying	cause given in	Q	n. WAS AN AUTOPSY PERFORMEO?	24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO	
AN:	25. WAS CASE REFERRED TO MEDICAL			20. PL	ACE OF OEATH (Ch	eck only one)			
SIC	EXAMINER? 1 VES 2 NO	HOSPITAL: 1 Inpatient 2 I ER/Out		THER:	5 🗆 Residence		pecify)		
ву Рн	27. MANNER OF BEATH 1	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME (INJUR	Y WO		28d. OEŞCR	BE HOW INJURY O	CCUREO	
ED	3 Suicide 6 Could not be 4 Homicide determined	25a. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, etre	net, factory, offica			ON (Street and Number bwn, State)	er or Rural Route Number,	
COMPLET	onel	ICIAN: To the best of my know						ated. the couse(e) end menner ea stated.	
BE	296. SIGNATURE AND TITLE OF CENTIFIE	V. loca	oup		29c, LICENSE NUM	1860		TE SIGNED (Month, Day Year)	
임	36. NAME AND ADDRESS OF PERSON WI	O COMPLETEO CAUSE OF O	EATH (ITEM 27) (Type, P	rine)	10				



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

							9	1 25581				
	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAI	RTMENT OF	HEALTH AND							
- A	1. DECEDENT'S NAME (First, Middle, Last,)	CERTIF	ICATE OF	DEATH	REG. NO).					
	ALFRED A.	PRUCE		MONTH	DAY	3. TIME OF DEATH						
ĺ	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR		SEPT	2	91 6 A				
	219-03-5014	1 M 2 🗆 F	7/ YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 49/19/19	20	BIRTHPLACE (State or Foreign Country MARYLAND				
OR	9e. FACILITY NAME (If not institution, give SINAI HOSPITA			9b. CITY, TOWN	BALTIM		9c. COUNT	Y OF DEATH				
2	RESIDENCE OF DECEDENT						1					
DIRECTOR	MARYLAND 106. COUNT	TY	10c. CIT	Y, TOWN OR LOC BAI	TIMORE			10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	100. STREET AND NUMBER 5503 SOUTH BENT	RD.		1	01. ZIP CODE 21.209	9	-	IN OF WHAT COUNTRY?				
ξ	11. MARITAL STATUS	12. WAS DECEDENT EVER II	WILC ADMICO									
BY FL	1 Never Merried 2 Merried 3 Widowed 4 Olvorced	FORCES? YES	2 NO	It yee, s	CENDENT OF HISP pecify Cuben, Mexic S 2 TNO Spec	ANIC ORIGIN? (Specify Ye cen, Puerto Rican, etc.) offy:	e or No—	4. RACE — American Indian, Black, White, etc. Specify: WHITE				
	15. DECEDENT'S EDI	UCATION	16a OECEOENT'S	USUAL OCCUPAT	1011							
PLETED	(Specify only highest grad Elementary/Secondary (0-12)	(Give kind of life. Do NOT u	work done during n	nost of working	16b. KIND OF BU	DRUGS						
COMPL		5+	-	THU HCI	71		DRUG)				
BE CC	17. FATHER'S NAME (First, Middle, Last) BENJAMIN PRUC		16. MOTHER'S N	MINNIE	SUSSMA	AN						
10	196. INFORMANT'S NAME (Type/Print) MRS. ARLINE PRUCE 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5503 SOUTH BEND RD. BALTIMORE, MD 21209											
	20e METHOD OF DISPOSITION 1 \(\text{M} \) Burlel 2 \(\text{Cremation } 3 \) Ren 4 \(\text{Donation } 5 \) Other (Specify)	noval from State 20b	PLACE AND DATE of tary, crematory or o	OF DISPOSITION (#	lame of	OATE 20c. LC	CATION — CH	y or Town, State				
	ALTZ CHAIM 9/1//91 BALTIMORE, MD											
1	22. NAME AND ADDRESS OF PACILITY											
	SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD. 21215											
	23. PART I. Enter the diseases, or shock or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	RESPIRAT	ich line.	OREST	oda of dylng, au	ch as cardiac or reep	Iratory erres	t, Approximata Interval Between Onset and Desti				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Sequentially list conditions, our To (or as a consequence of): LUNG CARGINOMA OUE TO (or as a consequence of): d.											
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MEDICAL	PART II. Other significent condition	ne contributing to death of	g cause given in	Pert I. 24a. WAS AN PERFOR	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
								1 TYES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	T T										
<u> </u>	EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C	heck only one)						
2	1 TYES 2 NO	1 Inpatient 2 ER/Outpo	rtlent 3 🗆 DOA		ne 5 🗌 Residence	6 Other (Specify)						
	27. MANNER OF DEATH 1 Natural 5 Pending	26e. OATE OF INJURY (Month, Day, Year)	28b. TIMI INJ	URY W	JURY AT ORK?	26d. DESCRIBE HOW I	NJURY OCCUP	RED				
à l	2 Accident Investigation				YES 2 NO							
ELED	3 Suicide 6 Could not be 4 Homicide determined	3 Suicide 6 Could not be 26e. PLACE OF INJURY — Al home, farm, street, factory, office						281. LOCATION (Street end Number or Aural Route Number, City or Town, State)				
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ICIAN: To the best of my knowle ER: On the basic of examination	edge, death occurre	of at the time, date	end place, end du	e to the cause(e) end men	nner ee steled.					
3 				y opinion, (- The Deliboration in the	time, date end place, en	a due to the c	euse(e) and menner ee stated.				
10 8	Signature and title of certified Wilanda -	HOUSESTAFE	SINA	HOSP	29c. LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)				
- [AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	Print)			-7"	7.11				
	JOJI URLANDA	, SINAI H	DSP R	ELVEDI	RE AVE	BALTO,	445	71715				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE		/1/-	, WAYO,	MD	41412				

Savidson Rando

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SFP 2 n 1991



3. TIME OF DEATH

1. OECEDENT'S NAME (First, Middle, Last)

2. DATE OF DEATH

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TO THE RESENTATION OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Covars after TO Les FURTHAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the hied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removing IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical

DIVISION OF VITAL

187 YEAR 09/ LOLA MARY ROACH 1991 1:20 A 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 1 M 2 F YRS. 235-12-4426 74 08-15-1917 West Virginia 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10e STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Dundalk Maryland 1 YES 2 XNO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 8141 Bullneck Road 21222 USA 12. WAS OECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-if yes, specify Cuben, Mexicon, Puerto Ricon, etc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried 1 TYES 2 NO BY Specify: Specify: 3 Widowed 4 Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INOUSTRY (Specify only high Elementery/Secondary (0-12) College (1-4 or 5+) Years Cake Decorator Bakery 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) ĕ Amer C. Hall Dessie May Robinson BE notified 19e. INFORMANT'S NAME (Type/Print) 2 Bullneck Road, Baltimore. MD James Roach pe 20e. METHOD OF DISPOSITION
1 (2) Burlel 2 Cremation 3 Removal from State
4 Donetion 5 Dotter (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State must Baltimore. Gardens Faith Cemetery 9/20 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Avenue, Baltimore, MD medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reepiratory errest, Approximete shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final **Onset and Death** the Ovarian disease or condition Lancer event, reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): traumatic Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initieted events reaulting in daeth) LAST 6 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY MEDICAL any OF DEATH? Shows 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO Inpatient 2 ER/Outpatient 3 DOA 4 - Nursing Home 5 - Reeldenca 6 - Other (Specify) 28a. OATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d, OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be COMPLETED 4 Homicide determined CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner se stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER HOPKINS
T7336 RESIDENT 29d. DATE SIGNED (Month, Day, Year) BE 9/18/91 2 PLETEO CAUSE OF DEATH (ITEM 27) (Typo, Print)
121 S. Frenent Ave. #508 Baltimore Md 21201 32. REGISTRAR'S SIGNATURE

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31. OATE FILEO (MOVITI, Day, 1907)
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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 5 should be detached for use as the build-transf narmit pages 1 2 3 and 10
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR									91	25589	
	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIF	RTMEN	TOF H	DEAT	AND I	MENTAL HYGIEI REG. NO	_			
	t. DECEDENT'S NAME (First, Middle, Last)	-						2. DATE OF DEATH			. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		OBB IN					09	8	9 A	11:59 AM	
	215-09-9848	0.1100	5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 1 M 2 F			HOURS	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	10	s. BIRTHPLACE (State or Foreign Country) RUSSIA		
	9e. FACILITY NAME (If not institution, give a		9b. CI	TY, TOWN C	OR LOCATIO	N OF OE	12/27/19 EATH	-	INTY OF DEA			
DIRECTOR	SINAI HOSP		2	ALT	IMO	KE		- 4	7			
EC	10e. STATE 10b. COUNTY	1	10c. CIT	Y, TOWN	OR LOCAT	ION				1	0d. INSIDE CITY	
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COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	se retired.	e during mo:)	st of working	7	SHO	DE ST	ORE		
ш	17. FATHER'S NAME (First, Middle, Last) HARRY RABINOWI'	rz				16. MOTH	ER'S NAI	ME (First, Middle, Meider H LEV	Sumeme)			
TO B	19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2438 FOREST GREEN RD. BALTIMORE, MD 21209										209	
	204-METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remote 4 Donetion 6 Other (Specify)		PLACE AND DATE dery, crematory or of UDAS AC	ther place	9)		ממ.			City or Town		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	22. NAME AND ADDRESS OF F SOL LEVINSO					PILITY		DALLET	MD	
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J.E.	290. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowled	foe death occum	ed at the	time date	and place	and also d	to the country and me				
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BE C	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICEN	SE NUM	BER	29d. DAT	E SIGNED (M	opth, Day, Year)	
0	30, NAME AND ADDRESS OF PERSON WHO	n MD							> 9	115	91	

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3		FLORA ROBINSO		a AGE (In s	yrs. last birthday)	- inner		T manner		09	15	91		P.M.M
pinous		249 86 8320	1 🗌 M 2🗓 F	4 3	YRS.	MONTHS	DAYS	HOURS	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year 4 -3- 4	8	Scountry		carol
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permit. Pages	FUNERAL DIRECTOR		Tington Of ATT TOWN OR LOCATION										10d. INSIDE CITY LIMITS? 1 YES 2 NO	
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21215-0020 al or attending physician. for use as the burial-transit	ВУ	t1. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES :	2 Mb II yea, specify Cuben, Mexica				and the state of t			IACE — American Indien, Black, White, etc.		
21215-0 al or attending for use as the	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)		life. Do NOT us	work done sa retired.)	during most of working							
			4 Registered Nurs						rse Health Center					
YLAN by the hos be detach at once.		17. FATHER'S NAME (First, Middle, Last) Thomas Covington								IE (First, Middle, Maid	en Surname)			
MARYLAND retained by the hospit should be detached notified at once.	BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRES	s (Street s			Moore	Contract 7	- 0-4-1			
be reta ge 5 sh	유	Joe Robinson		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Same address as #10										
ALTIMORE, leath. Page 6 may be funeral director, page		29a. METHOD OF DISPOSITION N Burial 2 Cremation 3 Ram 4 Donation 6 Other (Specify)	and the second s											.C.
0 - 0		21. SIGNATURE OF FUNERAL SERVICE LI	W			'	Aı	-Pe clin	gton	n Fune:	cal H	omes		
24 hours rilled in the file, or relation, or relation.		23. PART i. Inter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):												
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G PHY er this ath with	BY PI	1 Netural 5 Pending 2 Accident Investigation	(Month, Day	Your)		URY M	WO	RK7		28d. DEŞCRIBE HOV	V INJURY OC	CURED		
VISION OF VI	ETED B	3 Suicide 8 Could not be determined	26a. PLACE OF building, ai	INJURY — , lc. (Specify)	Al home, larm, s	freet, fact	ory, office	•		261. LOCATION (Stree City or Town, Sta	et and Number te)	or Rural Ro	rte Number,	
298. CERTIFIER (Check only one) 298. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(a) and menner as stated. MEDICAL EXAMINET: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(a) and menner as stated.								o lhe cause(a) and n	enner as star	ted.				
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TO THE HO TO THE FLU De filed wit	H	296 SIGNATURE AND TITLE OF CERTIFIES	1 12	1:	1	111	1	29c. LICE	NSE NUME	BER	29d. DAT	E SIGNED (Month, Day, Y	Ner)
669₹	۵ ا	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH	(ITEM ZT) (NO	Print)	/	UKI	071		1		5	//
5		Willie C. BJ					ay	Ctr	. Dr	. Green	bel+	. Md	207	70
		31. DATE FILED (Month; Day, Year) SEP 2 0 1991	32. REGISTRAN	SSIGNATU	RE							,	<u>~01</u>	, 0

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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF OEATH 2. Reed LUCY 3:12 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (40014). Day 1916 IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 223-28-9183 1 - M 2 X F 75 DAYS HOURS Caroline Co, Va YRS 24 hours after death. Page 6 may be retained by the hospital or attending physician.

When in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Liberty Medical Center Baltimore Baltimore 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. **Baltimore** Baltimore 1 X YES 2 | NO 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2108 Clifton /Avenue 21217 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE --- American Indian, Black, White, atc. 1 Never Married 2 Married
3 Wildowed 4 Divorced ΒY Specify Black COMPLETED 15. DECEOENT'S EDUCATION 16a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KINO OF BUSINESS/INOUSTRY (Specify only highest grade comp. Elementary/Secondary (0-12) College (1-4 or 5+) House-wife Domestic 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Charley Lindsey notified at Louisa Bates BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 Gloria Samuel 2108 Clifton Avenue Baltimore, Md. 21217 e 29a. METHOD OF DISPOSITION
1 A Burla! 2 Cremation 3 Ram
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION /Name of 9[°]/₂₅ must 20c. LOCATION -- City or Town, Stata Cedar Hill Baltimore, Md. medicai examiner 21. SIGNATURE OF FUNCIAL SERVICE 22. NAME AND ADDRESS OF FACILITY William C. Brown Community Funeral Hm. 1206-08 West North Ave. Baltimore, Md. 23. PART I. Enter tha diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** cremation, or other traumatic event, the disease or condition resulting in death) completely executed within CONSEQUENCE OF bunal, CERTIFICATION and Sequentially list conditions. Hygiene prior to DUE TO (OF If any, leading to immediate cause. Enter UNDERLYING physician 2 CAUSE (Disease or injury A CONSEQUENCE OF): that initiated eventa resulting in death) LAST this certificate has been signed by the attending with the State Dept. of Health and Mental Hygies shows any injury. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO 1 - YES 2 - NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL item 2 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 6 ng Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28 is marked, 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. OEŞCRIBE HOW INJURY OCCURED 1 Natural 5 Pending TO THE HOSPITAL OR ATTENDING POTTOTHE FUNERAL DIRECTOR; After the filed within 72 hours after death v 1 YES BY 2 NO 2 Accident 26a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide COMPLETED 6 Could not be 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Nomicide If Item 29a, CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner as stated. MPORTANT: 296. SIGNATURE AND TITLE OF CERTIFIER LICENSE NUMBER BE 29d. DATE SIGNED (Month, Ony, Year) 1)2 a 2 30. NAME AND AODRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 22. REGISTRAR'S SIGNATURE 20 whia Davidson-Randelle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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BALTIMORE, MARYLAND 21215-0020	HISICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	Illustrationale has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burital-transis narming pages 1.2.3 sexuals	n, or removal.	e medical examiner must be notified at once.	
DIMISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HEAT CHAINER PERSONS PHISICIAN: The law requires that the death certificate be executed within 24	TO THE FUNDAL EXECUTE After this certificate has been signed by the attending physician and completely fill	be filled within 72 hours after draft with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR	RTMEN'	T OF H	EALTH AND	MEN	TAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)	_	TH J. S	COTT				M	ept. 15,	W	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220-07-4703	5. SEX	6. AGE (In yrs. las	t birthday) YRS.	IF UNDER	DAYS	IF UNDER 24 HRS	7. 0	ATE OF BIRTH Month, Day, Year) an.1,192	-	8. BIRTH	PLACE (State or Foreign Y) York
	9a. FACILITY NAME (If not institution, give s	street end number)			9b. CITY	, TOWN O	R LOCATION OF	_	an.1,192	9c. COUN		
O.	249 S. Clinton St	., Apt.	A				ore Cit			Ja. 000K	iii or o	LAIN
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 100. COUNT	Υ		10c. CIT	Y TOWN	OR LOCATI	ION					
	Maryland				timo:							10d, INSIDE CITY LIMITS? YES 2 NO
14 A	10e. STREET AND NUMBER					101.	ZIP CODE			10g. CITIZ	ZEN OF V	VHAT COUNTRY?
FUNERAL	249 S. Clinton S						21224			U.S.	Α.	
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1	T EVER IN U.S. ARI YES 24 N WAR OR DATES	MED IO	- 1	l1 yes, spe	ENDENT OF HISI city Cuban, Max 2 NO Spe	icen, Pue	IIGIN? (Specify Year orto Ricen, etc.)		14. RACE Black Speci Whit	*
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(G/	ve kind of	work done	CCUPATIO	N t of working		16b. KIND OF BUS			
PLE	Elementary/Secondary (0-12)	College (1-4 or 5	He.	Do NOT u	se retired.)			İ	0 77			
OM	17. FATHER'S NAME (First, Middle, Last)		110	JIII E III	akel		18. MOTHER'S	NAME (E)	Own Hor			
BE C	Joseph A. Lazzaro					1	Marga			kley		
10 E	19e. INFORMANT'S NAME (Type/Print)						d Number or Run	nl Route I	Number, City or Town	, Stete, Zip		
	Mary E. Kowalewski	L .							on, Md.			
	1 N Buriel 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donetion 5 ☐ Other (Specify)	oval from State	206. PLACE A cemetery, cres Dulane	natory of o	of Dispos they place)	Men	ne of n. Gdne	9/1	.8/9L T:	CATION — C	ity or To	wn, Siete
	21. SIGNATURE OF FUNERAL SERVICE LIC				22.	NAME AND	ADDRESS OF	FACILITY	ral Home	THOILE	um,	Md.
	· Wallace.	S. Bra	She Ar		10	16K 1	owson .	fune T	ral Home	e, In	C.	d.
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate											
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (or AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reauting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL	OF DEATH?									AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
CI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		I	OTHER		CE OF DEATH	check only	one)			
PHYSICIAN:	1 YES NO 27. MANNER OF DEATH	1 Inpetient 2 I		DOA 28b. TIMI	4 🗆 Nurs	Ing Home	5 Raeldence	_				
ВУ Р	Natural 5 Pending	(Month, Di	ny, Year)	INJ		28c. INJUI WOR	RY AT K? S 2 NO	26d.	DESCRIBE HOW IN	JURY OCCU	JRED	
	3 Suicide a Could not be	28s. PLACE Of	F INJURY — At horr etc. (Specify)	ne, ferm, s	freet, facto			28I. L	OCATION (Street ar	nd Number o	r Rural R	oute Number,
ETE	4 Homicide determined							1	Cify or Town, State)			
COMPLETED	29a. CERTIFIER (Check only one) CERTIFYING PHYSIC 2 MEDICAL EXAMINES	CIAN: To the best of R: On the basis of ex	my knowledge, dear emination end/or in	th occurre	d at the ti	me, data e pinion, des	nd place, end du	e lo the	cause(e) and menr	due to the	d. ceuse(e)	and menner ee atsted.
BE (29b. SIGNATURE AND TITLE OF CERTIFIER	0					29c. LICENSE NI					Month, Day, Year)
0	30. NAME AND ADDRESS OF PERSON WHO	COMOI PLED COMO	E OF DEATH (III	AT (5	0.1.11		7-27	921. > 9/17/9			7-191	
	Melvin M. Welinsky	, M.D.	3411 Ban	27) (Type, k St	Print)	alto	Ma					
	SEP 2 0 1991	a32. REGISTRAI	e's SIGNATURE		- , D		, FIU.					
	N U 1331	James Krille	wor-Marian	No.								

760, BALTIMORE, MARYLAND 21215-0020	PHYSICIAM: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending obsociation	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Deut, of Health and Mental Hotelee prior to burial, cremation or removal.	PRACTICE OF STREET
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fit be filed within 72 hours after death with the State Deut, of Health and Mental Hotiere prior to burial, cremation or removal	AMANAMANTE IN THE CONTRACT OF

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH												
	HARRY SAMUEL SCH	ILIMME						September 18,19				M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1			9 24 HRS.	7. 0	ATE OF BIRTH		& BIRTH	IPLACE (State or Foreign
	219-30-6545	1 XM 2 F				DAYS	HOURS	MIN.	11.	-17-193	4	Mar	
~	9a. FACILITY NAME (If not institution, give a						OR LOCATI	ON OF DE	EATH			INTY OF O	
P	7307 Wenig Avenu	<i>le</i>			I	unc	lalk				Bo	ultim	ore
DIRECTOR	10e. STATE 10b. COUNT	Υ		10c. CIJ	Y, TOWN OR	LOCAT	TION		_				the INSIDE CITY
	Maryland Bo	iltimore		u	undal	k							10d. INSIDE CITY LIMITS? 1 YES 2 X NO
A.	10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CIT	IZEN OF V	WHAT COUNTRY?
E E	7307 Wenig Avenu	le					2122	22			Uni	ited	States
BY FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	TEVER IN U.S. ARI	MED	13, W	S DEC	ENDENT (OF HISPAN	VIC OR	IIGIN? (Specify Yearto Rican, atc.)	a or No-	14. RACE	— American Indian,
B	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, OIVE Y	YES 2 N		1 1	YES	2 X NO	Specify	y: Y	rro Hican, atc.)		Speci	
	15. DECEDENT'S EDU	CATION	18a DE	CEDENTIS	USUAL OCC	Y IBATI	004		_				White
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5	(0/	ve kind of	work done du se retired.)	ring mo	ast of working	ng		Patansc			k River
필	12th grade	conege (1-4 b) 5		ef C	rew C	le	rk				ilroc		
5	17. FATHER'S NAME (First, Middle, Last)							HER'S NAI	ME (Fir	rst, Middle, Maiden			
BE (Albert Schlimme						Ca	ther	in	e Irene	Pora	ter	
0	19a. INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRESS (Street a	nd Number	or Rural F	Route A	Number, City or Tow	n, State, Zij	p Code)	
-	Eva M. Schlimme		7	307	Wenig	Áι	enue	Dun	ıda	lk, Md.	2122	22	
	20a. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Rem	oval from State	20b. PLACE A gametery, crer	ND DATE	OF DISPOSIT	ION /Na	ime of			DATE 20c. LO			
- 4	21. SIGNATURE OF FENERAL SERVICE LIC	ENSEE / /	Oak La	wn C					19	/21 Bal	tumor	Le, M	aryland
	·/////////////////////////////////////	14	1/		Du	da-	Ruck	Fun	ier	al Home	06 1	unda	lk, Inc.
	(non!	V- 100	ny		79	22	Wise	Ave	nu	e. Dunda	Ck. N	1d. 2	1222
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate									Approximata interval Batween			
	IMMEDIATE CAUSE (Final disease or condition Lung Cancal Onest and Dasth												
	resoluting in death)												
_	DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
CA	cause. Entar UNDERLYING CAUSE (Disease or injury	C											1
E	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEO	UENCE OF	-):								
Ë	resoluting in dealth) EAST	1											
	PART II. Other significant condition	a contributing to	death but not re	suiting i	n the unde	rlying	cause g	ivan in i	Part I.	. 24a, WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
MEDICAL									PERFORMED?				AMAILABLE PRIOR TO COMPLETION OF CAUSE
Ä									_	1 YES 2	MINO		OF DEATH?
	1 TYES 2 NO												
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one)												
PHYSICIAN:	1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA A Nursing Home 5 Realdence a Other (Specify)												
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF (Month, De		28b, TIM		Bc. INJU	URY AT		28d. [DESCRIBE HOW I	NJURY OC	CURED	
E I	2 Accident Investigation						ES 2	NO NO					
	3 Suicide a Could not be determined	building,	FINJURY — At horr atc. (Specify)	ne, tarm, s	treet, lactory	, offica			28t. L	OCATION (Street a City or Town, State)	and Number	or Rural R	oute Number,
9	29a. CERTIFIER					-							
COMPLETED	(Check only one) 2 MEDICAL EXAMINE	S: On the best of a	my knowledge, dear	th occurre	d at the time	, data	and place,	end due t	to the	cause(a) and man	iner aa atat	ed.	
	2 MEDICAL EXAMINES 29b. SIGNALURE AND TITLE OF CERTIFIER		Carrier and Cor In		n, in my opin	Hon, de				eta and placa, an	d due to th	e cause(s)	and menner se stated.
B	Jan (V)	treleur	e de D				29c. LICE	NSE NUMI		5-9	29d. DATI	SIONED	Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	SE OF DEATH (IFEM	27) (Type	Print)		120					1/	8171
	LARRY CU	TERM	IRY, lle-	0	494	00	EAS	TEL	en	AUE.	BAL	5.1	6.21224
	31. DATE FILED (Month, Day, Year)	32. PEGISTRA	BIS SIGNATURE										
	SEP 2 0 1991	guna D	androw-Na	Mana									

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RE, MARYLAND 21215-0020	nay be retained by the hospital or attending physician.	; page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should	st be notified at once.
DITTO ME THE CORDS, P.O. BOX 08/60, BALTIMORE, MARYLAND 21215-0020	3 THE HOSPITAL OR ATT FIGURE TANSING WIT The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.	2 THE FUNERAL DIRECTION AIR THE CASE AND SECOND THE ASSESSION AND SECOND THE COMPLETEN MINE OF THE FUNERAL GREATER SHOULD BE S	e mod which it from 28 is marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR ERTIF	TMENT ICATE	OF HEA	LTH AN	ID MEI		YGIENE EG. NO.		91	25594
	1. DECEDENT'S NAME (First, Middle, Last) GARTELL SMITH	GAR	TRELL S	MITI	Н			2.	DATE OF D		10	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 260-26-0742	5. SEX 1 🔀 M 2 🗌 F	6. AGE (In yrs. Ias 73	et birthday) YRS.		DAYS H		PN.	DATE OF B (Month, Day 01~2	IRTH (Year)			PLACE (State or Foreign
TOR	90. FACILITY NAME (If not institution, give to VA MEDICAL CENTER RESIDENCE OF DECEDENT				FORT			OF DEATH				ITY OF DE	ATN
DIRECTOR	MARYLAND 10b. COUNT	Υ			y, town on TIMOR				***				10d. INSIDE CITY LIMITS? 1)(X YES 2 \(\) NO
FUNERAL	627 CATOR AVENUE					101. ZIF	218						STATES
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE Y	Y YES 2 1	RMED NO	lf y	S DECEND	Cuban, M	exican, Pu	RIGIN? (Sp erto Ricen	ecify Yea or , etc.)	r No-	14. RACE Black, Specify	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 11 T H 17. FATNER'S NAME (First, Middle, Lest)	CATION	18a. DE (G life.	ive kind of v Do NOT us	USUAL OCC work done du ie retired.)	ring most of				OF BUSIN		USTRY	BLACK
BE	WILLIAM HENRY 19a. INFORMANT'S NAME (Type/Print)	SMITH					FAN	NIE	SAG		ŕ		
2	DOROTHY WILSON		6	27 C	ADDRESS (S	AVE	./B	ALTI	MOR	E, M	D 2	121	
	1 X Burlet 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)		GARR		her place R	ES V	A C	EM.	DATE	OW I		MII	
	· Whellof	Mad	1		WM		1ARC	н F.	H./				RTH AVE.
	23. PART I. Enter the diseases, pr ahock, pr heart fellure. IMMEDIATE CAUSE (Final disease or condition	complications tha List only ons cau	t causad tha da as on sach iins	ath. Do n	ot antar th	e moda	of dying,	such as	cardiac d	or respiret	tory arre	est,	Approximata Interval Between Onset and Death
	resulting in death)		NIC BRA			E							YEARS
MION	Sequentially list conditions, if any, leading to immediate	DUE TO	R ON LE	FT HI	P AND	LEF	T ANK	KLE_					YEARS
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	c. RIGHT ABOVE KNEE AMPUTATION that initiated events C. RIGHT ABOVE KNEE AMPUTATION Due to (or as a consequence of):								YEARS			
PHYSICIAN: MEDICAL CI	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO								WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DE DEATH? I YES 2 NO				
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 TO NO	HOSPITAL:	FR/Outpetlant 3	□ noa	OTHER:	26. PLACE							
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, De	INJURY	28b. TIME	JRY	e. INJURY WORK?	AT	28d.		elfy) E NOW INJ L	URY OCCI	URED	
	2 Pulate	- Actionity								uta Number			

29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. occured at the time, date end place, and due to the cause(e) and manner ea stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 9-18-91

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

WEN-SHYANG WU.
31. DATE FILED (Month, Day, Year) VA MEDICAL CENTER FORT HOWARD.

12. REGISTRAR'S SIGNATURE

Lia Savidson-Randelle MD

28a. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify)

SEP 20 1991

4 Nomicide

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

YSICIAN: T	RECTOR: After this senticular been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should not share hard mental thrained prior to burial, cremation, or removal.	m 28 is marked or tem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHY	TO THE FUNERAL DIRECTOR: After this he fled within 72 hours after death with	MPORTANT: If item 28 is marked

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		EHITICA		DEATH	REG. NO.		
1. OECEDENT'S NAME (First, Middle, Laft)	SALLY JACKSON	SHULE	RELL	SON	2. DATE OF SEATH	Y 9YEAR	10 55p
4. SOCIAL SECURITY NUMBER 217 - 09 - 9063	5. SEX 1 M 2 DIF 6. AGE (In yrs. In		NDER 1 YEAR THE DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Morth, Day Year)		THPLACE (State or Foreign nitry)
9a. FACILITY NAME (If not institution, give s			CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY OF	
BON SECOUR Hosp		R	ALTIN	MORE		10.12	
RESIDENCE OF DECEDENT			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TORE			
10e. STATE 10b. COUNTY	r		WN OR LOCATI	ION			10d. INSIDE CITY LIMITS?
MD		BALTI	MORE				1 YES 2 NO
10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN O	WHAT COUNTRY?
2664 W. FRANK	LIN STREET		2	21223		U.	S.A.
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. AF		13. WAS DECE	ENDENT OF HISPAN	NC ORIGIN? (Specify Yes	or No- 14. RA	CE - American Indian,
1 Never Married 2 Married 3 Widowed 4 Diverced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO		2 NO Specifi	n, Puerto Rican, etc.)		BLACK
15. DECEDENT'S EDU (Specify only highest grade		ECEDENT'S USUA	L OCCUPATIO	N et of working	16b. KINO OF BU	SINESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Sive kind of work on . Do NOT use retir		a to waring			
11TH	D0	MESTI(
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Malden	Surname)	
PHILLIP STOKES				NANNIE	BROWN		
19a, INFORMANT'S NAME (Type/Print)	19	b. MAILING ADD	RESS (Street au	nd Number or Rural	Route Number, City or Tow	m, State, Zip Code)	
LUCILLE CLEMON	s 1	542 KE	ENNEW	ICK RD/	BALTIMOR	E. MD	21218
20a, METHOD OF DISPOSITION	20b. PLACE	OF DISPOSITION		netery, cremetory or		CATION — City or	
1 Donation 5 Other (Specify)	oval from State other p	ERN ST			1	ONSVIL	
21. SIGNATURE OF FUNERAL SERVICE LIC		VIA 21		D ADDRESS OF FA		ONZAIL	LE, MU
1 Same	The K. O.	mu	WM.C.	MARCH F	H./1101	F. NO	RTH AVE
23. PART I. Enter the dispesses, or	complications that caused the d	eath. Do not e	nter the mod	de of dying, suc	h ss cardiac or resp	iratory arrest.	Approximate
ahock, or heart failure.	List only one cause on each line	0.		1			interval Betwee
iMMEDIATE CAUSE (Finsi disesse or condition	000	12.	-				Onset and Deal
resulting in death)	aDUE TO (OR AS A CONSE	2101	16				
		THE TANK THE PARTY		,5	1 5	1. 1	2. 8-14
Sequentially list conditions,		(O)		7	246	(6)	phill
if any, leading to immediate cause. Enter UNDERLYING	PATSOTT ON A	DUE TO (OR AS A CONSEQUENCE OF): ACOUNTY ACTIONS A CONSEQUENCE OF):					
CAUSE (Disease or injury	C. DUE TO (OR AS A CONSE	CONTENCE OF		21416	1/1/60	10	CUNTINE
that initiated events resulting in death) LAST	6-0-04/	1011	AOS	1000	8 111 2	115	15
	d. Content	HILLY	LACT	01-9	7100	100	
PART II. Other significant condition	s contributing to death but not	resulting in th	e underlying	cause given in	Part i. 24s. WAS AN		46. WERE AUTOPSY FINDING
DIABETU	& MECCITO	8 . 8	PINA	16	PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
100000		7	-Ci Ai	1	1 TYES :	P NO	OF DEATH?
FELLORE							1 YES 2 -NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL;	ОТ	26. PL HER:	ACE OF OEATH (CH	eck only one)		
1 YES 2 NO	1 Pinpetient 2 ER/Outpetient :	3 DOA 4 D		s 5 ☐ Residence	6 Cher (Specify)		
27. MANNER OF DEATH	(Month, Day, Year)	28b. TIME OF INJURY	28c. INJI	URY AT RK?	28d. DEŞCRIBE HOW	NJURY OCCURED	
1 Natural 5 Pending 2 Accident Investigation			M 1 0 Y	7ES 2 NO			
3 Suicide 6 Could not be	28e. PLACE OF INJURY At h building, etc. (Specify)	ome, farm, street	, factory, office		261. LOCATION (Street City or Town, State	end Number or Run	al Route Number,
4 Homicide determined			1				
290. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my knowledge, d	eith occurred at	the time date	and place and du	to the cause(s) and me	oner se stated	
anal	R: On the basis of examination and/or						nds) and manner as stated
			my opinion, o				
29b. SIGNATURE AND TITLE OF CERTIFIE	1111		-	29c. LICENSE NU	MBER	29d. DATE SION	ED (Month, Day, Year)
) seil /			and the same of th	D 54	011	1/	16/41
30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DEATH (IT	EM 27) (Type, Print	1 12.	35 CVG	(0015 7	14041	21/1 AC
la Da.	CARTH CAN	DECC	1900	00 W.	BACT. S	T. BALT	10, MD 2128
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	00				711111111111111111111111111111111111111	,
SEP 2 n 1991	Storia Devidson-Manag	Contra					

A 9 3 E 2

ding physician.	the burial-transit narmit Pages 1.2.3 should	2000	
ital or after	for use a		
IN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit	should be detached for use as the bu		rt once.
retained b	5 should t		notified a
6 may be	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shou		must be
eath. Page	funeral din		caminer
urs after d	in by the 1	removal	edical ex
thin 24 ho	etely filled	to burial, cremation, or removal.	it, the m
acuted wit	and comple	burial, cre	atic ever
icate be ex	physician a	ne prior to	# Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mus
eath certif	affending	ntal Hygien	y, or oth
that the d	ed by the	th and Me	any infur
w requires	been sign	x. of Heal	Shows 8
AN: The la	ificate has	State De	r item 2:
3 PHYSICI	y this cert	Thours after death with the State Dept. of Health and Mental Hygiene prior to	arked, o
TENDING	CTOR: Afte	after deat	28 is m
1. OR A	DIREC	72 hours	# Hem

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First,	Address de la constitución			- UL		ICATI	- 01	DEA	In		REG. NO			
	Sh	irley	SPRIGGS								2. DATE	718/91	AY	YEAR	3. TIME OF DEATH 12:16 PM
	4. SOCIAL SECURITY NUME 216-28-992	25	5. SEX 1 M 2 F				IF UNDER	DAYS	HOURS	MIN.	7. DATE	OF BIRTH	934	6. BIRTH Count	HPLACE (State or Foreign ry)
	9e. FACILITY NAME (If not in	stitution, give	street and number)			_	9b. CITY, TOWN OR LOCATION OF DEATH						ec cor	INTY OF D	
DIRECTOR	Franklin S		e Hospi	tal									5 50.		timore
Ē	10a. STATE	10b. COUNT	Υ			10c. CIT	Y, TOWN	OR LOCA	TION						10d, INSIDE CITY
LDIF	Maryland Ba						ltin						LIMITS?		
BY FUNERAL	3235 Cliftmont Ave.							10	21	€ 213				S . A	WHAT COUNTRY?
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN	U.S. ARM	ED	13.	WAS DE	CENDENT (OF HISPA	ANIC ORIGI	N? (Specify Yes			E — American Indien, k, White, atc.
	1 Never Married 2	Married	FORCES? 1	MAR OR DAT	TES	,		it yes, sp	S 2/NO	ın, Maxic	an, Puarto	Ricen, etc.)		Spec	
	15. DEC	EDENT'S EDU	CATION		16a. DEC	EDENT'S	USUAL O	CCUPATI	ON		168	. KIND OF BUS	SINESS/IN		MILCO
COMPLETED	Elementary/Secondary (0	-12)	College (1-4 or 5	+)			work done to retired.) Wife		ost of worki	ng					
8	17. FATHER'S NAME (First, Mi	ddle, Last)							18 MOT	MED'S N	AME /First	Middle, Maiden	C		
BE C	Richard	Dard	len								el F		Surname)		
	19a. INFORMANT'S NAME (7)				19b.	MAILING	ADDRESS	S (Street				ber, City or Tow	n. State. Zi	p Code)	
5	Gilbert S		15		- 1										1213
	Gilbert Spriggs 3235 Cliftmont Ave. Balto. Md. 21213 20a. METHOD OF DISPOSITION XIX Burlai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of Carmel Carmel Carmel Cemetery 9/21/91 Balto Md.														
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE LIFEY 714 22. NAME AND ADDRESS OF FACILITY Savlern and Wolfe If														
	9)									f		
	23. PART I. Enter the dishock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	out randre.	Lung C	se on eec	, Po	orl:	y di								Approximate Intervel Between Onset and Death
NO	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):														
CERTIFICATION	cause. Enter UNDERLY!! CAUSE (Disease or Injui	NG	c. OHE TO	(OR AS A CO	ONSEO	IENCE OF									
ERTI	thet initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST d.														
	PART II. Other aignificer	nt condition	s contributing to	deeth but	t not res	sulting i	n the un	derivin	T COLUMN 1	aluen in	Davi I	24a, WAS AN		1	
MEDICAL									9 00030 1			PERFOR	MED?	246.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
A I	25. WAS CASE REFERRED TO	MEDIOL													
PHYSICIAN:	EXAMINER?	MEDICAL	HOSPITAL:				OTHER	t;			neck only on				
₹	27. MANNER OF DEATH		1 Inpatient 2				-			sidenca	6 🗆 Othe				
BY P	Naturel 5 F	ending envestigation	26a. DATE OF (Month, Di			26b, TIMI INJ			URY AT RK? YES 2) NO	26d. DES	CRIBE HOW IN	JURY OC	CURED	
COMPLETED	3 Suicide 6 C	Could not be etermined	28e. PLACE Of building,	F INJURY — etc. (Specify	At home	e, farm, s	treet, tecto	ory, offic	•		281. LOC City	ATION (Street as or Town, State)	nd Number	or Rural A	loute Number,
2 1	29a. CERTIFIER (Check only	FYINO PHYSI	CIAN: To the best of	my knowled	ige, deat	h occurre	d at the ti	me deta	and place	and due	to the car	100/0) and		-4	
No.	one) 2 MEDIC	AL EXAMINE	R: On the basis of ex	camination e	end/or Inv	restigation	n, In my o	pinion, d	eath occur	ed at the	time, date	and place, and	dua to th	ea. e cause(s)	and manner as stated.
	296, SIGNATURE AND TITLE								29c. LICE						(Month, Day, Year)
TO BE	Brud	TUNE	2. El	righ	t	M.	D.								(Month, Day, Year)
	Dr. Bradfor	d Elbri	ght, MD	9000	Fra	nkli	n So	uar	e Dri	ve	Balt	imore		212	
	SFP 2 0 10		Julia David	H'S SIGNAT	THE PO	-									
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	SS	UNE	IMPORTANT If Non 28 is marked, or New 23 shows any injury, or other traumatic event, the medical examiner must he no
	T H	E F	E
	1	上言	APC
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be re	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5. be filed within 72 hours after death with the State Deni of Health and Mental Hydiene prior to burial cremation, or removal	-

	1. DECEDENT'S NAME (First, Middle, I	orma L.				PREG. NO. 2. DATE OF OEATH MONTH DAY	YEAR 91	3. TIME OF DEATH			
	577-26-0158	1 □ M 2 🔀 F	GE (In yrs. last birthday) 91 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 2 / 12 / 1900		derson, NC			
TOR	PRINCE GEORGES RESIDENCE OF DECEDEN	S HOSPITAL		96. CITY, TOWN OF		EATH	PG	DEATH			
DIRECTOR	10a. STATE 10b. CO		Was	hington	ON	10d. INSIDE CI LIMITS? 1 ☑ YES 2					
BY FUNERAL	100. STREET AND NUMBER 3151 Monroe St	NE		10f.	ZIP CODE 20018		10g. CITIZEN OF US				
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X	2 XNO	13. WAS DECE If yes, spec 1 YES :	city Cuben, Mexic	NIC ORIGIN? (Specify Yes or an, Puerto Ricen, etc.) by:	Blec	E — American Indien, k, White, atc.			
COMPLETED	1s. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12) 6th Grade										
BE CO	17. FATHER'S NAME (First, Middle, Last) Bud Eaton Unk 18. MOTHER'S NAME (First, Middle, Maiden Surname) Unk										
2	19a. INFORMANT'S NAME (Type/Print) Ernestine Thomas(Daughter) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Same as 10a,b,c,d,e,&f										
	20e. METHOD OF DISPOSITION 1 N Burlet 2 Cremetton 3 Removal from State 4 Donatton 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Campetery, openatory of other place) 9/19/91 Brentwood, Md										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ohn T Rhines Co., Inc. 3015 12th St NE, DC 20017										
7	iMMEDIATE CAUSE (Finel disease or condition	ire. List only one cause or	sed the deeth. Do no n eech line.	ot enter the mode	e of dying, auc	h aa cerdisc or respirat	lory errest,				
L CERTIFICATION L	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Solution one cause of oue to (or A Due to (or A Due to (or A Due to (or A) Due to (or A) Due to (or A)	IS A CONSEQUENCE OF	energy 51VE	e of dying, auc 1 R E d S m He	The Rast	nic nic	Interval Betwee			
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MEDICAL	immediate Cause (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AL DUE TO (OR AL C. WITH DUE TO (OR AL d. Stions contributing to destr	A CONSEQUENCE OF	the underlying the OSte	S M Couse given in Couse given in Couse given in	The RASH The	AGE	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE DF OEATH?			
CAL	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions. Lucy Lagrange 125. WAS CASE REFERRED & MEDICA EXAMINER?	a. OUE TO (OR A. DUE TO (OR A.	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A DUL NOT resulting in the consequence of the conse	the underlying the control of the the work of the the work of the the the the the the the the the the	Couse given in	The Rast The Rast Pert I. 24a. WAS AN AU PERFORME 1 Des 2	AGE TOPSY 24b.	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE DF OEATH?			
ETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other aignificent conditions in death LAST 25. WAS CASE REFERRED O MEDICA EXAMINER? 1 YES 2 NO 27. MANNER O DEATH 1 Natural 5 Pending Investigated a Suicide 8 Could not determined	a. OUE TO (OR A. DUE TO (OR A.	AS A CONSEQUENCE OF SA CONSEQU	the underlying the control of the the work of the the work of the the the the the the the the the the	Couse given in	haa cerdisc or respirate Tho Rost Tho Rost Tho Rost Pert I. 24a. WAS AN AU PERFORME 1 Des 2 S(5)	TOPSY 24b.	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE DF OEATH?			
LETED BY PHYSICIAN: MEDICAL	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other aignificent conditions in death Last 25. WAS CASE REFERRED MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Watural 5 Pending Investigated in Conditions in determined determined determined in Check only 1 CERTIFYING PROCESS.	a. OUE TO (OR A DUE TO (OR A DUE TO (OR A C. WHA DUE TO (OR A d. Itions contributing to destr A DUE TO (OR A DUE TO (OR A DUE TO (OR A C. WHA DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A C. WHA DUE TO (OR A DUE TO (O	A CONSEQUENCE OF SA CONSEQUENC	the underlying the un	Couse given in Couse given in	The Rash The	TOPSY 24b. JRY OCCUREO Number or Rurel R	Interval Betwee Onset and Deal Judder WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE DF OEATH? 1 YES 2 No			
ETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other aignificent conditions in death LAST PART II. Other aignificent conditions in death LAST 25. WAS CASE REFERRED O MEDICA EXAMINER? 1 YES 2 NO 27. MANNER O DEATH 1 Natural 5 Pending Investigated a Could not determined to determine the could not determined to determine the could not determined to determine the could not determined to determine the could not determined to determine the could not determined to determine the could not determined to determine the could not determined to determine the could not determine the could not determined to determine the could not determine	a. OUE TO (OR A DUE TO (OR A DUE TO (OR A C. WHA DUE TO (OR A d. Itions contributing to destr A DUE TO (OR A DUE TO (OR A DUE TO (OR A C. WHA DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A C. WHA DUE TO (OR A DUE TO (O	A CONSEQUENCE OF SA CONSEQUENC	the underlying of the underlyi	Couse given in Couse given in	The Rast The	TOPSY 24b. JRY OCCUREO Number or Rurel R	were autopsy finding and half and and and and and and and and and and			



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To the form of the party of the

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1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH
I DAACC /	TEDDY		MONTH OF

	1. DECEDENT'S NAME (First, MI									2. DATE OF DEATH			3. TIME OF DEATH
1 3	J <i>F</i>	AMES A.	. TERR	Y						September	18, 1	1991	2:43pm м
	4. SOCIAL SECURITY NUMBER 217–16–8025	1	. SEX ☑ M 2 ☐ F	8. AGE (In yrs. less	t birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH			PLACE (State or Foreign
	9e. FACILITY NAME (If not institu					9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						ATH	
TOR	Maryland Ge	neral	Hospita	11			Ba1	timo	re C	itv			
<u> </u>		Db. COUNTY			10c. CIT	Y, TOWN OR LOCATION						10d. INSIDE CITY	
LDIF	Md 100. STREET AND NUMBER				Bal	timor	_						LIMITS?
VERA	1926 Edmondson Avenue						101	. ZIP CODE	1223			S A	NAT COUNTRY?
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT, EVER IN U.S. ARMED FORCES? 1\(\hat{\Lambda}\) YES 2 NO IF YES, GIVE WAR OR DATES					13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuben, Mexicen, Puerto Rican, etc.) 1 YES 2 N NO Specify: 1 YES 2 ON NO Specify:					American Indian, White, etc.		
G	15. DECEDE (Specify only hig	ENT'S EDUCATI	ION	16a. DE0	CEDENT'S	USUAL OCC	UPATIO)N		16b. KIND OF BUS	INESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12)) С	college (1-4 or 5 +		Do NOT us	vork done du e retired.)	ring mo:	st of workin	g				
BE CO	17. FATHER'S NAME (First, Middle Floyd Ter	ry						Sa	rah	ME (First, Middle, Meiden : Booker			
0	Agatha Bou	ınt		196	307	ADDRESS (ty	Heig	or Aural A hts	Baltimore	, State, Zip Md	^{Code)} 212(07
	20a METHOD OF DISPOSITION Y Aburlai 2 Cramation 4 Donation 5 Other (Sp.	3 Removal ecity)	from State	206. PLACE A cometery, crem	natory or of	her placel	- '		ran		oation — d		n, Stata Ils, Md
	21. SIGNATURE OF FURIERAL SI		М	arc	h F/	H We	st						
	23. PART i. Enter the disea	esee, or com	plications that	caused the dec	th Do o	-11 1	430	O Wa	bash	Avenue			
	23. PART i. Enter the diseasee, or complications that caused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory arrest, enter the disease or condition resulting in death) Approximate interval Between Onset end Death Approximate interval Between Onset end Death												
1	DUE TO (OR AS A CONSEQUENCE OF):												
S I	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):												
Ě	if sny, leeding to immediate ceuse. Enter UNDERLYING		OF):										
윤	CAUSE (Disease or injury that initiated events CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUENCE O)F):						
CERTIFICATION	rasulting in deeth) LAST		ltrate										
١٢٥	PART II. Other eignificent of	conditione co	ontributing to	death but not re	sulting i	n the unde	rlvina	cause of	ven in F	Part I. 24e. WAS AN A	UTOBEV	1 245 1	NECE AUTODON SALONOS
MEDICAL			Chron	ic renal	fai	lure				PERFORI	MED?		WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE
										1 D YES 22	NO [2]	(OF DEATH?
12							_			-		1	TYES 2 NO
N S	25. WAS CASE REFERRED TO ME EXAMINER?						26. PL/	ACE OF DE	ATH (Chec	ok anly one)			
,S	1 YES 2X NO		SPITAL:	ER/Outpetient 3	DOA	OTHER: 4 Number	g Home	5 🗆 Ree	Idence 8	Other (Specify)			
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pence 2 Accident Invest	ding atigation	28e. DATE OF I (Month, Da	NJURY y, Year)	28b. TIME	OF 2	ic. INJU	IRY AT		26d. DESCRIBE HOW IN	JURY OCC	URED	
	3 Sulcide 6 Coul	ld not be rmined	28s. PLACE OF building, a	INJURY — At hom Ac. (Specify)	e, ferm, æ	treat, factory	, office			28f. LOCATION (Street ar City or Town, State)	nd Number o	or Rural Ro	ute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYII	NG PHYSICIAN	: To the beet of a	ny knowledge, deal	th occurre	d at the time	, date e	and place, o	end due t	o the ceuse(e) end menn	ner ea atele	d.	
BE C	29b. SIGNATURE AND TITLE OF							29c. LICEN				SIONED (A	fonth, Day, Year)
2	30. NAME AND ADDRESS OF PER	RSON WHO CO	MPLETED CAUSE	OF DEATH (ITEM	27) /5	Delet)			11/а			9/1	8/91
	Walid		Freii	M D			Mar	y l and	i Ger	neral Hosp	1+27		
	SEP 2 0 1991	Ju	32 DECISION	A Signature Wall						1030	Lal		

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	4. 3	19		
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			ENTIF	ICALE	VF	DEA	l II	R	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	Anna Mae	UNGLESI	BEE					2. DATE OF I	PATH 197	7	9 1 °	3. TIME OF DEATH 9:00 A M	
	4. SOCIAL SECURITY NUMBER 192-16-4919	5. SEX	6. AGE (In yrs.	lest birthday) 9 YRS.	IF UNDER	DAYS	IF UNDER		7. DATE OF B	v. Venet	000	Counti		
	9a. FACILITY NAME (If not institution, give s		0	69					Jan.	28,1		NTY OF D	PA.	
œ	Franklin Squ		ni + - 1		96. CITY, TOWN OR LOCATION OF DEATH ROSSVIlle							imor		
5	RESIDENCE OF DECEDENT	are nos	pitai			ROS	SVI	тте			Duit	, 111101	-	
DIRECTOR	Md. 10b. COUNT	altimor	е	10c. CIT	y, town o			Rive	r				10d. INSIDE CITY LIMITS? 1 YES 24 NO	
3	10e. STREET AND NUMBER				-	-	ZIP COD				10g, CIT	IZEN OF V	WHAT COUNTRY?	
ER/	2233 Graythorn Road					21220						A		
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.				13. V	WAS DEC	ENDENT C	OF HISPANI	C ORIGIN? (S	pecify Yea	or No-		E — American Indian, k, White, etc.	
7	1 Never Married 2 Married	MAR OR DATES	No				in, Maxican Specify:	, Puerto Ricar	ı, atc.)		Speci	thr.		
8	3 Wildowed 4 Divorced	<u> </u>											White	
Ē	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)		DECEDENT'S (Give kind of	work done d	CUPATIO	N st of working	ng	16b. KIN	D OF BUS	INESS/INI	DUSTRY		
COMPLETED BY FUNERAL	Elementary/Secondary (0-12) 12th	College (1-4 or 8	+)	iite. Do NOT ut HO!	se retired.) USEW	ife								
O	17. FATHER'S NAME (First, Middle, Last)							HER'S NAM	E (First, Middle	e. Maiden	Surname)			
C	Norman Blac	ck					The Person		rrie		=:	=		
BE	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	AOORESS	(Street a	nd Numbe		oute Number, C	City or Town	n, State, Zip	Code)		
2	Sylvia Crom	vell		223	3 Gr	ayt	hor	n Ro	ad BA	Alti	mor	e Mo	1.21220	
	20a. METHOD OF DISPOSITION			E OF DISPOS									own, Stata	
	1 X Burlal 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State	Mea	dowr	idge	Ce	met	ery		Ва	lti	nore	Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE							SS OF FAC	ILITY					
	Connelly F	1 Ho	TILL	/ c	onn	ell	yFun	eral	Iome	3001	MACE	Ave.21221		
	23. PART I. Enter the diseases, or	complications the	et caused the	deeth. Do i	not enter	the mo	de of dy	ing, such	as cerdiec	or respi	retory ar	reat,	Approximata	
	IMMEDIATE CAUSE (Fine) Idlsease or condition Myocardial Infarction (Acute Anterior)									interval Between Onset and Death				
	DUE TO (OR AS A CONSEQUENCE OF): Coronary Artery Disease													
Z														
ATI	if any, leading to immediate cause. Enter UNDERLYING	tes Mel	CONSEQUENCE OF): Mellitus											
FIC	CAUSE (Disease or injury	C. DUE TO	OR AS A CONS	A CONSEQUENCE OF):										
E	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DIE TO (OR AS A CONSEQUENCE OF): DIA DETO (OR AS A CONSEQUENCE OF): DIE TO (OR AS A CONSEQUENCE OF):													
2														
AL	PART II. Other algnificent condition Left Hip Ulcer	ns contributing to	deeth but no	t reaulting	in the un	derlying	cause	given in F	Part i. 24	PERFOR		246	AVAILABLE PRIOR TO	
ă									1[YES 2	X NO		COMPLETION OF CAUSE OF DEATH?	
									_				1 TES 2 NO	
ÿ														
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:			OTHER		ACE OF D	EATH (Che	ck only one)					
YS	1 TES 2 NO	1 Ninpstlant 2		_	4 🗆 Nure	ing Hom		naldence (B Other (Sp					
	27. MANNER OF DEATH 1 Neture 8 Pending Investigation	28a, DATE O (Month, i	F INJURY Day, Year)	28b. TIM	URY M		URY AT RK? (ES 2 [□ NO	28d. DESCRI	BE HOW I	NJURY OC	CURED		
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE	OF INJURY — At	home, farm,	street, facto	ory, offic	•				ind Numbe	r or Rural i	Route Number,	
COMPLETED	4 Homicide determined	ounding	, etc. (Specify)						City or To	wn, State)				
기	29a. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best o	t my knowledge,	death occurr	ed at the ti	me, data	and place	and due t	to the causels) and mer	mer en ste	ted.	7777777	
MC													a) and menner as stated.	
	295. SIGNATURE AND TITLE OF CERTIFIE		-	1.5				ENSE NUM					(Month, Day, Year)	
TO BE	Tallerix	timalle	1-	1.D.							>			
	30. NAME AND ADDRESS OF PERSON WI William Stinette	, MD 90	oo Fran	rem 27) (Type nklin	Sq. [)r.,	Ba 1	to.,	MD 2	1237				
	31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE											
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FOR

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STATE REGISTRAR

BALTIMORE, MARYLAND 21215-0020

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10	D 30	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for up the filed within 72 hours after death with the State Degl. of Health and Mental Hydiene prior to burial, cremation, or removal	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or	(')	1

t. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH VINCENT C. URBAITIS SEPTEMBER 18,1991 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign MARCH 3, 1920 206-12-6272 1X M 2 | F 71 DAYS HOURS MIN. PENNSYLVANIA YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 9 ENGLEWOOD ROAD BALTIMORE RESIDENCE OF DECEDENT 10a, STATE 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? MARYLAND BALTIMORE 1 X YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? ENGLEWOOD ROAD 21210 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 X Married If yes, specify Cuban, Mexican, Puerto Ricen, atc.) BY 1 YES 2 NO Specify: 3 Widowed 4 Divorced Specify: WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) CIVIL SERVANT V.A. ADMINISTRATION 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) JOHN URBAITIS MARY BE WILLINSKY 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MILDRED URBAITIS (WIFE) 9 ENGLEWOOD ROAD, BALTIMORE, MARYLAND 21210 METHOD OF DISPOSITION
Suriel 2 Cremetton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State ST BONIFACE CEMETERY Donation 5 Other (Specify) 9/21/91 ST. CLAIR, PENNSYLVANIA 21. SIGNATURE OF JEE LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES 1630 EDMONDSON AVENUE, CATONSVILLE, MD. 21228 23. PART I. Enter the diseases, or complications that caused the dasth. Do not antar the mode of dying, such as cardisc or respiratory errest, Approximeta shock, or heart failure. List only one cause on each line. intarvai Batween **IMMEDIATE CAUSE (Final** Chronic obstructive lug disease Onset and Death disease or condition_ 710 yes reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, lasding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated avants resulting in deeth) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 □ Nursing Home 5 Pealdence 8 □ Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 2 Accident 5 Pending Investigation BY 1 YES 2 NO 28e. PLACE OF INJURY -- At home, ferm, street, factory, office 3 Sulcide COMPLETED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29a. CERTIFIER
(Check only
one)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as ateted.

The property of the cause(s) and manner as ateted.

The property of the cause(s) and manner as ateted.

The property of the cause(s) and manner as ateted.

The property of the cause(s) and manner as ateted.

The property of the cause(s) and manner as ateted. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) ans 2812 119191 Os 9 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HOWARD FREELAND M.D. 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Davidson Randell 1991 Full

Herman Wift

TO BE COMPLETED BY FUNERAL DIRECTOR

TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlat, cremation, or removal.	If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHY	TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death with	IMPORTANT: If Item 28 is marke

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAI	HYGIENI REG. NO.	Ē				
1. DECEDENT'S NAME (First, Middle, Las LOUIS	D. VALEN	CIA			2. DATE MONTE Se	of DEATH DA	r 17,1	э. т 991	IME OF OEATH		
4. SOCIAL SECURITY NUMBER 217-26-4705	5. SEX 6. AGE		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH 2 19	8.	BIRTHPLAC	Maryland		
90. FACILITY NAME (If not institution, given 3125 Mareco Ave		5	96. COUNTY OF DEATH Baltimore City								
nesidence of decedent 10a. state 10b. coun Maryland	тү	10c. CITY,	TOWN OR LOCAT	imore Ci	+ 1/	10d. INSIDE CITY					
10e. STREET AND NUMBER	25 Mareco Ave	l nue		ZIP CODE	213		10g. CITIZEN	OF WHAT			
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	N U.S. ARMED		i? (Specify Yee Rican, etc.)			tates American Indian, ilto, etc. White				
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	Me. Do NOT use	rk done during mo retired.)	st of working	186	KIND OF BUS						
17. FATHER'S NAME (First, Middle, Last)	Starter	- Golf	16. MOTHER'S NA	AME (First, i		more C	ıty	Ret.			
Salvatore 190. INFORMANT'S NAME (Type/Print)	alencia	DDDESS /Street a	ROS		has Olle or Bus	Zit					
Samuel Valenci	a			tfield A		e Bal	timore	, Md			
20e. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Sykesville Maryland 20b. PLACE AND DATE Of DISPOSITION (Name of completely) of cemetary, crematory or other place) Sykesville Maryland											
21. SIGNATURE OF FUNERAL SERVICE	Milton JA	knight Jr		and J. R		Baltim Inc.					
23. PART I. Enter the diseases abock, or heart failur immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. OUE TO (OR AS DUE TO (OR AS C.	ach Ilna.	dar				and an est		Approximate Interval Between Onset and Death Suday		
PART II. Other significant condition	ons contributing to death	but not reaulting in	the underlyin	g cause given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	AWA COI OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C							
1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending	1 Inpetient 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year)	28b, TIME	OF 28c, IN.	IURY AT DRK? YES 2 NO	-	SCRIBE HOW I	NJURY OCCUP	RED			
2 Accident Investigatio 3 Suicide 8 Could not I 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, sti				CATION (Street or Town, State)		Rural Route	Number,		
2000	YSICIAN: To the best of my know								d manner ee stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIES.					>	29d. DATE SIGNED (Month, Day, Year)				
30. NAME AND ADDRESS OF PERSON GEORGE E. LOW		EATH (ITEM 27) (Type, I							,		
31. DATE SHED (Month, Day, 1997)	July HEDISTHAN'S SIG										

JALTIMUSE, MARYLAND 21215-0020	ISICIAN: The law requires that the death certificate be executed within 24 hours after a sath. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the firmal director, yage 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE NOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TRATHER ONE BY CHECTOR Are the certificate has been signed by the attending physician and completely filled in by the 6x- be the comment of the comment of the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR				OF DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Lee BABY BOY	"DEONTAE	MITH WASHI	NGTON	1000	MC	of Death Day 18	/1991	3. TIME OF DEATH 2:25 P
4. SOCIAL SECURITY NUMBER	5. SEX 1 M 2 F	6. AGE (In yrs. last birthday 3weeks YRS.			MIN. (M	NTE OF BIRTN North, Dec. March 18-27-91	8. BIR	TNPLACE (State or Foreign intry)
9a. FACILITY NAME (If not institution, gi				OWN OR LOCATION	OF OEATN	10-21-91	9c. COUNTY OF	DEATN
THE JOHNS HO	KIN2 HOZE	1 I AL] BAL	TIMORE C	CITY		BALTIM	10RE
10a. STATE 10b. COU	NTY		ALTIM					10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER		D	ALIIM	101. ZIP CODE			10g. CITIZEN O	1 X YES 2 NO
528 N. CHEST	ER STREE	T		2120	5		U.	S.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12, WAS DECEOENT FORCES? 1 IF YES, GIVE W		H 3	AS DECENDENT OF yes, specify Cuban, YES 2 NO	Maxican, Pue		Bl	CE — American Indian, ack, White, etc. ectly: BLACK
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) Child	DUCATION ade completed) College (1-4 or 5+	INO. DO NOT	's USUAL OCC of work done du use retired.) Child	CUPATION ring most of working		186. KIND OF BUS	iness/industry	
17. FATHER'S NAME (First, Middle, Lest) ANDRE WASHIN	GTON					st, Middle, Msiden	Surname)	
190. INFORMANT'S NAME (Type/Print) TERESA SMITH		196. MAILIF 5 2 8		Street and Number of				01005
20s. METHOD OF DISPOSITION		20b. PLACE AND DA	TE OF DISPOS				KE, MU	
1 Donation 5 Other (Specify)		of cemetary, cremato			1		DALIST	OWN. MD
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			AME AND ADDRESS			1 E. N	ORTH AVE.
Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO	OR AS A CONSEQUENCE	OF):					21 days
PART II. Other algorificant condi	tions contributing to		g In the und	erlying cause gi	ven in Part	I. 248. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:	ER/Outpatient 3 □ DOA	OTHER:					
27. MANNER OF DEATH 1 V Netural 5 Pending 2 Accident trivestigati	28a. DATE OF (Month, D	INJURY 28b. T		Rec. INJURY AT WORK? 1 YES 2	28d.	DESCRIBE HOW I	NJURY OCCURED	
3 Suicide 8 Could not 4 Homicide detarmine	building,	F INJURY — At home, fem etc. (Specify)	n, street, factor	ry, offica		LOCATION (Street a City or Town, State)		al Route Number,
Torrow only		my knowledge, death occurrently and/or investige						e(s) and manner as stated.
29b. SIGNATURE AND TITLE OF CENT	when A M	SE OF DEATH (ITEM 27) (7)	me Prints	29c. LICEN	ISE NUMBER		≥ 9 A	IED (Month, Day, Year)
GEORGE HA	ROART	JOHNZ HO)40591T	AL	BALTIA	1-AE	MD ZIZOS
31. DATE FILED (Month, Day, Year)		AN Pandell						

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	Se	at
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_	THE HOSPITAL OR ATTANDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	THE FUNERAL DIPECOR: Are this certificate has been signed by the attending physician and completely filled in by filed within (2 hook, after of arth with the State Dept, of Health and Mental Hygiene prior to burkal, cremation, or remo
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1, DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 09 839 PATRICIA ANN WEAVER A SOCIAL SECURITY NUMBER 8. BIRTHPLACE (State or Foreign Country) S SEY 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH DAYS HOURS MIN. 40 214-56-4582 1 M 2 F 3-21-5 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR UNION MEMORIAL HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2516 HARFORD ROAD 21218 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cubsn, Maxican, Puarto Rican, 1 YES 2 X NO Specify: 1 Never Married 2 X Married IF YES, GIVE WAR OR DATES Specify: BLACK BY 3 Widowed 4 Divorced COMPLETED 15. DECEOENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KINO OF BUSINESS/INOUSTRY CROSSING GUARD Elementary/Secondary (0-12) College (1-4 or 5 +) 12TH BALTIMORE CITY 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) LAWRENCE SHELTON ELEANOR BRAXTON F BE notified 19a. INFORMANT'S NAME (Type/Print) APT. 203 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ANTHONY WEAVER 4736 WAKEFIELD RD/BALTIMORE, MD 21216 ag 20b. PLACE AND DATE OF DISPOSITION (Name 20a. METHOO OF DISPOSITION OATE 20c. LOCATION — City or Town, State must 1 Surial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) KING MEMORTAL PARK RANDALLSTOWN. examiner 21. SIGNATURE OF FUHILITAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVE. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart fellure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition resulting in death) event. 20days traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury Injury, or other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST cardiac a 20day PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? mal shows any 1 ☐ YES 2 ☐ NO Dulumbuia 1 | YES 2 | NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem OTHER: 1 YES 2 NO 1 Inpetient 2 - ER/Outpetient 3 - DOA marked, or I 4 🗌 Nurs ng Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY 28b. TIME OF 26c. INJURY AT WORK? 284 DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending м 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — AI home, farm, street, factory, office building, arc. (Specify)

MEMORIAL HOS 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 DERTIFYING PHYSICIAN: To the b TO THE FUNER be filed within 2 IMPORTANT: 2 MEDICAL EXAMINER: On the 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER
037370 29d. DATE SIGNED (Month, Day, Year) muo he 1/19/ tor 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

BACTO.MD.2

DRIVE.

WYMPAN PARIC

32. REGISTRAR'S SIGNATURE

whia Davidson Randall

5100

2 0 1991

31. DATE FILED (Month, Day, Year) SFP

7.02 TTA

BALTIMORE, MARYLAND	n 24 hours after death. Page 6 may be retained by the hosp	ly filled in by the funeral director, page 5 should be detached adon or removal	the medical examiner must be notified at once.
ORDS, P.O. BOX 68760,	the the builth certificate be executed within	Although attending physician and completes	lay injury, or other traumatic event,
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requirements of the continues in executed within 24 frouts after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR, After this certificate has been supported to present and completely filled in by the funeral director, page 5 should be detached anything 20 hours after death with the State has not referred.	IMPORTANT: If item 28 is marked, or item 23 shows are injury, or other traumatic event, the medical examiner must be notified at once.

- STATE REGISTRAR		CERTIFIC							
1. DECEDENT'S NAME (First, Middle, Last)	Edwin Re WARD	ginald I	Ward,	Sr.	2. DATE (OF DEATH		EAR 3.	TIME OF DEATH
4. SOCIAL SECURITY NUMBER 216-03-6358	1 🔀 M 2 🗆 F	87 YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	O1	De BIRTH 19, Year) 13/(0.4	Country)	eyland
98. FACILITY NAME (If not institution, give so St. Agnes Hos)		9		or Location of D Baltimo			9c. COUNTY		гн
106. STATE 106. COUNT Maryland			TOWN OR LOCA		onsv	illa			Dd. INSIDE CITY LIMITS? YES 2 X NO
De. STREET AND NUMBER	Doing Carrie		10	Of. ZIP CODE	OIIDV	1110	10g. CITIZER		T COUNTRY?
711 Maiden Cho	oice Lane,	Apt. 140	02	2	1228		ī	JSA	
11. MARITAL STATUS 1 Never Married 2 Merried 3 XX Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OR	S 2 XNO	If yes, a	CENDENT OF HISPA pecify Cuban, Mexico S 2 X NO Specific	en, Puarto R	? (Specify Yellican, etc.)		. RACE -	American Indien, White
15. DECEDENT'S EDU (Specify only highest grade	JCATION .	18e. DECEDENT'S US			16b.	KIND OF BU	SINESS/INDUS	TRY	WIII OC
Elementary/Secondary (0-12) 12th	College (1-4 or 5+)	Supervis	retired.)		ice :	Dept.	/Bal	to.	Gas & El
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA					
	oland War	d		В	essi	e R.	Kir	ng _	
190. INFORMANT'S NAME (Type/Print) Barbara A. Mon	rsberger			and Number or Rural n Road					21228
20e. METHOD OF DISPOSITION 1	noval from State	20b. PLACE AND DATE Of cemetary, crematory or Orraine	prosposition of the place of th	N (Name Cemeter:	V 9/		Voodla		178
	CENSEE M. M.	U	22. NAME /	AND ADDRESS OF FA	CILITY				
serge 2			Maci	vabb ru	nera.	T HOL	ne, P.	A .	
IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that cause or List only one cause or	each lina.	301 t enter the m		ick i	Rd.	Balto	٠,	MD 21228 Approximate Interval Between Onset and Death
George E. 23. PART f. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OR A	sed the death. Do not each line. So a consequence of: A consequence of: A consequence of:	301 t enter the m	Freder:	ick i	Rd.	Balto	٠,	Approximate Interval Between
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	FOR 1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR		OF HEALT		MENTA	L HYGIEN		, 1	20000
The same	1. DECEDENT'S NAME (First, Middle, Less HELEN NAOMI	WISSMAN					MONT	OF DEATH	NY.	VEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-01-9836	1 🗆 M 2 💢 F	78 vrs.		DAYS HOURS		oct.	OF BIRTH th, Day, Year) 28,191		Count	IPLACE (State or Foreign 17) YLAND
TOR	90. FACILITY NAME (If not institution, give NORTH ARUNDEL HO RESIDENCE OF DECEDENT				TIMORE	ATION OF D	EATH		ANNE		UNDEL
FUNERAL DIRECTOR	100. STATE 100. COUN MARYLAND	TY		Y, TOWN OR BALTI							10d. INSIDE CITY LIMITS? 1) YES 2 NO
FRAL	320 S. MONROE S	STREET			10r. ZIP CC 212.				U.S		WHAT COUNTRY?
BY FU	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT & FORCES? 1 FYES, GIVE WAR	YES 2X NO	11	AS DECENDENT yes, specify Cu	ben, Mexic	en, Puerto		or No—	14. RACI Blac Spec	E — American Indian, k, White, atc.
COMPLETED	15. DECEDENT'S ED (Specify only highest gra- Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIa. Do NOT u	work done du	ring most of wo	riding	160	b. KIND OF BU	SINESS/INDU	STRY	
Š	17. FATHER'S NAME (First, Middle, Last)				18. M	THER'S N	AME (First,	Middle, Maiden	Surneme)		
BE (MILTON COR	RBIN				KATHE	RINE	GRIME	S		
10	190. INFORMANT'S NAME (Type/Print) CATHERINE V. SI	HECKELLS	1		(Street and Num						223
	20a, METHOD OF DISPOSITION 1 Sturiel 2 Cremation 3 Re 4 Donetion 5 Other (Specify)	1 885	20b. PLACE AND DAT of cemetary, crematory Meadow Br	or other pla	nce)		9/	20 WE	cation c STMIN		D. Danie
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	3 Suicide 8 Could not b 4 Homicide determined	28e. PLACE OF building, et	INJURY — At home, farm, c. (Specify)	street, facto	ry, office		281. LO	CATION (Street or Town, State,	and Number	or Rural	Route Number,
COMPLETED	onel		y knowledge, death occur mination end/or investigati								e) and menner as stated.
8	200 TURE AND TITLE OF CERTIF	IER CONTRACTOR	m			ICENSE NO	- 0	"	29d. DATE	SIGNE	(Month, Dey, Year)
5	30. NAME AND ADDRESS OF PERSON V					_		"	1		11111
	DR. JONATHAN FO	RMAN, 701(RITCHIE H	IGHWA	Y, GLE	N BUI	RNIE,	MARYI	AND	21	061
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	1 - STATE OF MARYLAND / CE		NT OF HEALTI TE OF DE <i>l</i>		NTAL HYGIEN REG. NO.	E	21 23000
	1. DECEOENT'S NAME (First, Middle, Leat)	77. 7		2.	DATE OF DEATH	Y YE	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last	birthday) IF UN	DER 1 YEAR IF UND	ER 24 HRS. 7.	DATE OF BIRTH		BIRTHPLACE (State or Foreign
	137461517 MM20F 43	YRS. MONTH	B DAYS HOURS	MIN.	(Month, Day, Your)	7	Country) MARYI JAND
Œ	9e. FACILITY NAME (If not institution, give street end number)	9b. C	ITY, TOWN OR LOCA	WYL		9c. COUNTY	OF DEATH
010	RESIDENCE OF DECEDENT	10	IEN 10	urz	116	//	
DIRECTOR	MD ANNE ARUNDEL		BURNIE				10d. INSIDE CITY LIMITS? 1 YES 2 NO
AL E	10e. STREET AND NUMBER	013121	10f. ZIP CO	DE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	206 GREEN WAY SOUTHEAST			21061		USA	
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BE	FRANK WHITE SR. 19a. INFORMANT'S NAME (Type/Print) 199	MARING ADDR		DLORES	WHITE Number, City or Tow	n Statu 7in Co.	del
5	The state of the s				GLEN BU		
	1 Buriel 2 Cremetion 3 Removal from State other pla	ece)	(Name of cemetery, ca	ematory or	20c, LO	CATION — City	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	ary 1	22. NAME AND ADDI	RESS OF FACILI	ПУ	7 La	LITORNIA
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	23. PART I. Epter the diseases, or complications that caused the de						Approximate interval Between
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	3 Suicide 6 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At he building, etc. (Specify)	me, farm, street,	tactory, office	21	BI. LOCATION (Street City or Town, State)		Hural Houte Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, de one) 2 MEGICAL EXAMINER: On the basic of examination end/or						
TO BE (296. MGNATURE AND TITLE OF CERTIFIERS CHILLIAN D. SMO	Dep		CENSE NUMBE		29d. DATE S	IGNEO Worth, Day, Year)
-	30. NAME AND A CORRESS OF PERSON WHO CONDECTED CAUSE OF DEATH (ITE	M 27) (Type, Print)	Q. O. 1.	300	99	20	7/1
	31. DATE FILED (Month, Day, Your) 32. REGISTRAR'S SIGNATURE SEP 2 0 1991 Figha Davidson-Randas						

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

4. SOCIAL SECURITY NAMEER 1 M 2 S. SEX 79 YIS. 8. AGE (in yr. last britteny) 79 YIS. 80 CITY, TOWN ON LOCATION OF DEATH 11 / 15 / 11 ARTYLL STATUS 100 COUNTY OF DEATH MONTGOMERY 100 SRIVERTON STREET 100 ARYLLAND 100 MARYLAND 101 MARYLAND 100 SRIVERTON STREET 102 WAS DECEMBENT EVER IN U.S. ARMED 103 NORTH Wenterle 2 Merried 201 NORTH Wenterle 2 Merried 201 NORTH Wenterle 2 Merried 201 NORTH Wenterle 2 Merried 202 NORTH Wenterle 2 Merried 203 NORTH Wenterle 2 Merried 203 NORTH Wenterle 2 Merried 204 NORTH Wenterle 2 Merried 205 RIVERTON STREET 10 NORTH Wenterle 2 Merried 206 SRIVERTON STREET 10 NORTH Wenterle 2 Merried 207 NORTH Wenterle 2 Merried 208 NORTH Wenterle 2 Merried 209 NORTH Wenterle 2 Merried 200 NORTH Went	1000	t. DECEDENT'S NAME (Fin									2. DATE OF	DAY	r	YEAR	3. TIME OF DEATH
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21. SHART II. Entar tha diseasea, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart felture. List only one ceuse on such line. 22. NAME TENTE CAUSE (Fired disease or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, interval is disease or condition. 3. PART II. Entar tha diseasea, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, interval is disease or condition. 3. PART II. Entar that diseasea, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, interval is disease or condition. 3. PART II. Entar that diseasea, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, interval is disease or condition. 3. PART II. Entar that diseasea, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, interval is disease or condition. 3. PART II. Entar that diseasea, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, interval is disease or condition. 3. PART II. Entar that diseasea, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, interval is disease or condition. 3. PART II. Entar that diseasea, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, interval is diseased or conditions. 3. PART II. Entar that diseasea, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, interval is diseased to disease and place, and due to the cause(s) and manner as stated. 3. PART II. Entar that diseasea, or complications that the cause of place, and due to the cause(s) and manner as stated. 3. PART II. Entar that diseasea, or complications				moval from State	20b. PLAC	E AND DA	TE OF DISP	OSITION			DATE				
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3 Suicide 4 Homicide 5 Could not be datermined 29e. PLACE OF INJURY — At home, farm, street, factory, office 5 City or fown, State) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner as 29e. SIGNATURE AND ATTLE OF CERTIFIER 29e. LICENSE NUMBER 29e. LICENSE		1 Netural 5		(Month,		28b. Ti	YJURY	W	ORK?	NO	28d, OESCR	IIBE HOW II	NJURY OC	CURED	
296. SIGNATURE AND ATTLE OF CERTIFIER 270. LICENSE NUMBER D 18726 296. LI		3 Suicide 6	Could not be	28e. PLACE		home, farm	, street, fac	tory, offi	ce				and Number	r or Rural Ro	oute Number,
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ARTHUR SCHOENGOLD, M.D. 31. MARKELIN MAN, OS CHOENGO DE PREDISTANT PLONATURE	ш	29b. SIGNATURE AND TITE	LE OF CERTIFI	IER TO									29d. DAT	E SIGNED	(Month, Day, Year)
ARTHUR SCHOENGOLD, M.D.		y y	m .	1446					01	072	6			1/3/	71
31. WATER ALL MATER OF WATER THE PROPERTY OF T	_						oe, Print)							,	1 160
SEP 05 91 Julia Davidson Randoll		AKTHUK S	CHOE	NGOLD, I	T.D.										
	1	SEP 05 '91	,, rour,	guis David	son Randa	02									

	1. DECEDENT'S NAME (First, Middle, Lest)								DATE OF DEATH	W	YEAR 3.	TIME OF DEATH	
	JAMES K.	ANDERSO						SE	PT. 6, 1	991			М
1			AGE (In yrs. last		IF UNDER	t YEAR	IF UNDER 24 HR		Month, Day, Year)		8. BIRTHPLA Country)	CE (State or Foreign	
1J		1 🔀 M 2 🗆 F	73	YRS.					EPT. 22,	1917	VIRG	INIA	
1	9a. FACILITY NAME (If not institution, give street				9b. CITY	, TOWN O	R LOCATION O	F DEATH		9c. COUN	TY OF DEATH	4 marketic	
CTOR	10302 TENBROOK	DRIVE			S	[LVE	R SPR	ING		MON	TGOME	RY	
S E C	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN C	R LOCAT	ION				100	I, INSIDE CITY	_
DIRE	MARYLAND MONT	GOMERY			SILV	ED	SPRING				11	LIMITS?	
	10e. STREET AND NUMBER	GOMERT			SILV		ZIP CODE			10g. CITIZ	EN OF WHAT	COUNTRY?	-
FUNERAL	10302 TENBROO	K DRIV	Æ				20	901			USA		
5	11	12. WAS DECEDENT E FORCES? 1	VER IN U.S. ARK	MED					RIGIN? (Specify Yes	or No-	14, RACE Black, W	American Indian,	
ВУ Е	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	•			2 NO S		erto Rican, atc.)		Specify:	WHITE	
0 8			WWII								1100		
ETE	15. DECEDENT'S EDUCA (Specify only highest grade co	ompleted)	(G/v	EDENT'S re kind of a Do NOT us	USUAL O work done	during mo	on st of working		16b. KIND OF BU	SINESS/IND	USTRY		
	Elamentary/Secondary (0-12)	College (1-4 or 5+)		INTE	-				PRINTIN	IG			
COMP	17. FATHER'S NAME (First, Middle, Last)		- 11	LIVE			18. MOTHER'S	NAME (First, Middle, Maiden				
S H	ARCHIE S.	ANDERSON	J				ETHE		and, model, model	DYE			
m	19a. INFORMANT'S NAME (Type/Print)	IMIDEREDOI		. MAILING	ADDRES	S (Street a			Number, City or Tow		Code)		-
2	ELEANOR M. ANDERS	ON (WIFE	= 1	0302	TEN	BROO	K DRIV	E. 9	SILVER SE	RING	MARY	LAND 209	0
	20a. METHOD OF DISPOSITION	`	20b. PLACE	AND DAT	E OF DISP	OSITION					_		
	20s. METHOD OF DISPOSITION 1												
	22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC.												
	\$ + Seu 1)	155										, MD 20	90
_	23, PART I. Enter the disputes, or co	monetions that o	aused the de	eth Do								Approximate	
	shock, or heart failure. Li	only Dne cause	on each line.		iot ome	the me	de Di dynig,	- CO (1 C)	Controlled of Toup	natory and	out,	Interval Betwee	
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7		On	TIDO K	200	وبردو ا	dille	- V	450	LULAR	Dica	405	Fue)
RTIFICATION	Sequentially list conditions, if any, leading to immediate	oue to go	R AS A CONSEQ	WENCE O	Pi	Cyrc		4-6	20-70171	130	The	7	
SAT	cause. Enter UNDERLYING	H	DER	TEN	VS/	en						10gr	
Ē	CAUSE (Disease or injury that initiated events	DUE TO (O	AS A CONSEC	WENCE O	F):								
E	resulting in deeth) LAST												
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JOHN

31. DATE FILED (Month, Day, N SEP 10 1991

TAUBER,

M.D.

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filed within 72 hours after death with the State Dept. of Health and Mental Houlene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAND C			OF HEA					1 2	25609
	1. DECEDENT'S NAME (First,					- IOAIL	01 01	-0111	2. DATE OF			3	. TIME OF DEATH
			ANCY M	ILLER		BA	TTL	E	Ser	tem	")	199/	0455 M
\	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. I	est birthday)	IF UNDER 1		INDER 24 HRS.	7. DATE OF (Month, D	BIRTH			ACE (State or Foreign
1	252-64-	3,33	1 □ M 2 🔀 F	98	YRS.	MONTHS	DAYS HO	JRS MIN.	OCT.	15, 1	1892	FORS	YTHE, GA.
1	9a. FACILITY NAME (If not in	stitution, give s	treet end number)			9b. CITY,	TOWN OR LO	CATION OF D	EATH		9c. COU	TY OF DEA	тн
D.	Peninsula Ge	neral	Hospita			S	alois	bury			Wi	comic	20.
DIRECTO	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN OF	LOCATION						od, INSIDE CITY
	MD.	WICO	MICO		SAL	ISBUF	RY						LIMITS?
M	10e. STREET AND NUMBER						10f. ZIP	CODE			10g. CITI		AT COUNTRY?
FUNERAL		. PINE	BLUFF V				2	1801				USA	
5	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS OECEDEN FORCES? 1	TEVER IN U.S. A	RMED	13. W	AS DECENDE	NT OF HISPAI	NIC ORIGIN? (S	Specify Yes	or No-	14. RACE -	American Indian, Vhite, etc.
BY	3 X Widowed 4 Divo		IF YES, GIVE W			1	YES 2 X	NO Specif	y:	, , , , , , , , , , , , , , , , , , , ,		Specify:	BLACK
ED	15. OEC	EDENT'S EDUC	CATION	18e, D	ECEDENT'S	USUAL OC	CUPATION		I sab Ki	ND OF BUS	SINESS/INO	HOTOV	DEACK
ET	(Specify onl) Elementary/Secondary (0	highest grade	College (1-4 or 5 -		Give kind of a e. Do NOT us	vork done di	uring most of	vorking	100.10	110 01 000	MAE 33/1140	OSINI	
MPL	4th				DOMES	TIC			HOL	JSEKE	EPER		
COMPLETED	17. FATHER'S NAME (First, Mi	ddle, Lasi)					18.		ME (First, Mide		Surneme)		
BE			ROBERT N						IE MII				
2	199. INFORMANT'S NAME (7) ALBERTA CO								Route Number,				
	200. METHOD OF DISPOSITI								GE, SA				
	1 X Buriel 2 Crematio	n 3 🗆 Remo	oval trom State	20b. PLACE	AND DATE O	her place	NON (Name of	GARDEN	DATE			Olty or Town	, State
	21. SIGNATURE OF FUNERAL		EMSEE /	J JI IV.	LINGIT						RON,		
	· Loto	11.4	(hell	6.1		JO	LLEY	MEMORI	AL CHA	APEL,	RTE.	. 2, E	30X 920
-	23. PART I. Enter-the di	ua c	, soul	4		SA	LISBU	RY, MD	2180	01			
	shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in deeth)	sert remote, t	A Ce	con sech iin	·	en			i Que			eat,	Approximata Interval Batween Onsat and Death
CERTIFICATION	Sequentially list conditi- if any, leeding to immed cause. Enter UNDERLYII CAUSE (Disease or inju- that initiated events resulting in death) LAST	liate NG ny		OR AS A CONSE							*.		
PHYSICIAN: MEDICAL C	PART II. Other algnificant	ng	s contributing to	death but not	resulting i	f the und	erlying cou	se givan in		PERFOR	MED?	AM CC OF	RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
0	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER:	26. PLACE (OF DEATH (Ch	eck only one)				
14S	1 YES 2 NO		1. Inpatient 2		1	4 - Nursir			8 Other (Sp	pecify)			
		ending	28e. DATE OF (Month, Da	ly, Year)	28b. TIME	OF 2	8c. INJURY A WORK?		28d. OEŞCRI	BE HOW IN	JURY OCC	UREO	
BY	2 Cutate	westigation	28e. PLACE OF	F INJURY — At he	ome, term .e	reet factor	1 YES	2 NO	204 004710	M1 (7)	- 1 14 1		
		ould not be etermined	building,	etc. (Specify)			y, oco	-	28f. LOCATIO	own, State)	nd Number (or Hurel Houti	a Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTI	FYING PHYSIC	IAN: To the best of ex	my knowledge, de	eath occurre	d at the tim	e, date end p	lace, end due	to the ceuse(e	e) end man	ner se atete	d. ceuse(e) en	d menner ee steted.
BE	296 SIGNATURE AND TITLE	OF CERTIFIER	1				29c.	LICENSE NUM	MEN		29d. DATE	SIGNED (NA	onth, Day, Mour)
2	(pop	en	Jelie	2	_		D	37/-	70		1 9	1/2	10,
F	DO NAME AND ADDRESS OF	PERSON WHO	SOMPLÉTED CAUS	E OF DEATH HTE	# 27) (Type)	Print 1	05.	Pine	2 B	luf	1/	ed s	#6
	-		unge	11910	-	7	ale	2611	+u	17	D.	210	21

32 RECUSTRAN'S SIGNATURE
JUNIA Savidson Andres

BALTIMORE, MARYLAND	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within A. Hours after death. Page 6 may be maining by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to be seen as the companies of seminal directors.	men within 72 indus are used with the Sale begin, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	00	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the formal physician and completely filled in by the formal physician prior in hardal committion or exercise.	ie ie
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	1 - STATE REGISTRAR	STATE OF I	MARYLAND /				EALTH DEAT		MENTA	L HYGIENI REG. NO.	E		
	DECEDENT'S NAME (First, Middle, Le ELLIS W. BA									of DEATH	1991	YEAR	3. TIME OF DEATN
1	4. SOCIAL SECURITY NUMBER 256 22 6741 1 ★ M 2 □ F 85			birthday) YRS.	IF UNDER	DAYS	IF UNDER	PER 24 HRS. 7. DATE OF BIRTH (Month, Day You) 19			06	8. BIRTNPLACE (State or Fi	
4	9e. FACILITY NAME (If not institution, give street end number) St Agnes Hospital					r, TOWN C	R LOCATIO	ON OF DE	ATN	ity		NTY OF D	PEATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY				r, town		ION						10d. INSIDE CITY LIMITS?
RAL D	Maryland Howard 100. STREET AND NUMBER 6620 Washington Blvd.				EIKI.	101	ZIP CODE			1 \square YES 2 $\stackrel{?}{\cup}$ 10g. CITIZEN OF WHAT COUNTRY? $U \cdot S \cdot A \cdot$			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 1 FYES, GIVE WAR OR DATES				13.	WAS DEC	ENDENT O	F HISPAN	IIC ORIGIN? (Specify Yea or No— 14. RACE — American n, Puerto Rican, etc.)				E — American Indian, k, White, etc.
COMPLETED	(Specify only highest grade completed) (Gillife. Elementary/Secondary (0-12) College (1-4 or 5 +)				work done retired.)	during mo	ON st of workin	9	168	166. KIND OF BUSINESS/INDUSTRY Local 31			
BE CON	17. FATHER'S NAME (First, Middle, Lest)	Judson	A. Bark	er					ME (First, 1bur:	Middle, Maiden N	Sumame)		
0	19a. INFORMANT'S NAME (Type/Print) Mr. Roger Bark	er								dge 21		p Code)	
	20s. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 F 4 Donation 5 Other (Specify)	Removal from Stata	20b. PLACE (other ple Mea		ridge		netery, cren	natory or			cation – ard (
	21. SIGNATURE OF FUNERAL SERVICE	3	ha		На	arry		tzk	e Fu	neral l			t City
	23. PART I. Enter the disease, shock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death)	re. List only engice	et caused the decuse on each line. O (OR AS A CONSEC				2000000	13. 60.			retory er	rest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a lay	O (OR AS A CONSECU	IUENCE C	DF):	100							
MEDICAL	PART II. Other significant conditions contributing to death but not represent the significant conditions contributing to death but not represent the significant conditions contributing to death but not represent the significant conditions contributing to death but not represent the significant conditions contributing to death but not represent the significant conditions contributing to death but not represent the significant conditions contributing to death but not represent the significant conditions contributing to death but not represent the significant conditions contributing to death but not represent the significant conditions contributing to death but not represent the significant conditions contributing to death but not represent the significant conditions contributing to death but not represent the significant conditions contributing to death but not represent the significant conditions contributing the significant conditions conditio				In the u		g cause	given in	Part I.	24a. WAS AN PERFOR 1 YES 2	RMED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:			ОТНЕ		LACE OF D	EATH (Ch	eck only o	one)			
PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH	28a, DATE O	ER/Outpatient 3 F INJURY Day, Year)	28b, TI	ME OF	28c. IN.	JURY AT	esidence	_	er (Specify) ESCRIBE HOW I	NJURY OC	CURED	
B	1 Natural 5 Pending 2 Accident investigati 3 Suicide 8 Could not 4 Homicide determine		JURY M street, fa	1 🗆	YES 2 [NO	281. LOCATION (Street and Number or Pural Route Number, City or Town, State)				Route Number,		
COMPLETED	one)	HYSICIAN: To the best of											(e) and manner as stated.
BE		2 MEDICAL EXAMINER: On the basic of examination and/or 296. SIGNATURE AND TITLE OF CERTIFIER										19d. DATE SIGNED (Month, Day, Year)	
10	30. NAME AND ADDRESS OF PERSON 31. DATE FILED (Month, Day, Year)	W 131	USE OF DEATH (ITER	M 27) (Typ	e, Print)	AVE	H	AZ	ET	HOR	PE	/-/-	
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L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi	prior to burial, cremation, or removal.	the
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	REGISTRAR		CERTIFI	CATE OF	HEALTH AND	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last) LANNAH	Bailey HAN	NAH EVE	BAILE	Y	2. DATE OF DEATH DO NONTH DO NO	AV YEAR				
)	4. SOCIAL SECURITY NUMBER 217 32 8638	5. SEX 6. AGE (In	yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	0. BH	RTHPLACE (State or Foreign			
HOL	98. FACILITY NAME (If not institution, give stress ST. AGNES HOSPIT RESIDENCE OF DECEDENT	100000			ORE CIT		9c. COUNTY O	F DEATH			
DIRECT	Maryland 10b. COUNTY			town on Loca ltimore				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 3124 Wilkens Ave	10	of ZIP CODE 2122	3		J.S.A.					
₩	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 X Divorced	12. WAS DECEDENT EVER IN L FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yes, s							
once.	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	DECEDENT'S EDUCATION (y only highest grade completed) ary (0-12) College (1-4 or 5 +) 188. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Homemaker									
BE COM	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S N. Myrtl	AME (First, Middle, Maiden e Greene	Yea or No— 14. RACE — American Indian, Black, White, etc. Specify: Ehite BUSINESS/INDUSTRY den Sumame) de Town, State, Zip Code) id. 21061 LOCATION — City or Town, State Howard County Md. cal Home Inc. ellicott City 21043				
TO B	19a. INFORMANT'S NAME (Type/Print) Geraldine Wall					Route Number, City or Tow					
examiner must be notified at once. TO BE COM	20a. METHOD OF DISPOSITION 1.6. Burlai 2 Cremation 3 Remove Donation 5 Other (Specify)	ral from State 20b. P cemetr	LACE AND DATE OF	F DISPOSITION (N			CATION — City or				
ехашше	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Harry H Witzke Funeral Home Inc.										
vent, me medical	23. PART I. Enter the diseases, or complications that geused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heert selure. List only one cause on each line. Approximate interval Between										
ERTIFICATION	Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST b. Due to (or as a consequence of): Due to (or as a consequence of): d. d.										
							NAS AN AUTOPSY PERFORMED? YES 2 NO 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO				
N: MEDICAL CE	PART II. Other algorificent conditions	contributing to death but	not resulting in	the underlyin	g cause given in	PERFOR	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?			
ICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI OTHER:	LACE OF DEATH (C)	PERFOR 1 YES 2	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?			
IYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH	HOSPITAL: I □ Inpetient ※ □ ER/Outpetk	ent 3 DOA 2	26. PI OTHER: 6 Nursing Hom OF 28c, INJ	LACE OF DEATH (C)	PERFOR	MED?	MAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO			
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ED BY PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation Investigation 3 Suicida 8 Could not be detarmined	HOSPITAL: Inpetient M ER/Outpetie	ent 3 DOA 28b. TIME INJUI 12:0	26. PI OTHER: 6 Nursing Hom OF 28c. IN. WC O P 1 ea1, factory, office	LACE OF DEATH (C? 10 5 Residence 10 IURY AT 10 IRK? 10 IVRY NO	PERFOR 1 YES 2 Deck only one) 5 Other (Specify) 28d. DESCRIBE HOW III	NJURY OCCURED in stri	AARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ACK BY LCK BY LCK BY LOW AUTO			
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BE COMPLETED BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINER:	HOSPITAL: Impetient ER/Outpetic	28b. TIME INJUI 12:0 Al homa, farm, str Stree	26. PI OTHER: 6 Nursing Hom OF 28c. IN. WC O 1 rest, factory, office at the time, data In my opinion, d	LACE OF DEATH (C) 10 5 Residence 10 10 17 AT 10 17	peck only one) s other (Specify) 28d. DESCRIBE HOW IN Pedestra 28f. LOCATION (Street a City or Town, State) 9 0 DeSot to the cause(a) and man time, deta and placa, and	NJURY OCCURED in strum of Number or Rura to roac oner as stated. d due to the cause	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO UCK BY AUTO If Route Number, de(a) and manner as stated.			
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BALLIMORE, MARTLAND 21203-3146	ifter death. Page 6 may be retained by the hospital or attending physi	r the funeral director, page 5 should be detached for use as the buria oval.	
	s sours a	filled in by on, or rem	
INSION OF VIIAL RECORDS, P.O. BOX 13140, BALLIMONE, MARTLAND 21203-3140	R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hospital or attending physicia	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-truns after death with the State Dect. of Health and Mental Hygiene prior to burial, cremation, or removal.	

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. OECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR JOSEPH CEPHAS BUCKLER 8 91 5:10 7. OATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) 6. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. 60 MD DAYS HOURS 215-18-5923 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH DIRECTOR VA Medical Center Fort Howard Baltimore 10a. STATE 10c. CITY. TOWN OR LOCATION 10d. INSIDE CITY Pages Md Baltimore 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101, ZIP CODE n. ansit 7815 St. Claire Lane 21222 IIS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1, ,, YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, While, etc. If yes, specify Cuban, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: 1 Never Married 2 X Married Specify: BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) SEAMAN 10 17. FATHER'S NAME (First, Middle, Last) 18 MOTHER'S NAME (First Middle Maiden Surname) Joseph Buckler notified at Elizabeth Bramble 🦰 BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 VA Medical Records Medical Center. Ft. Md. 21052 Howard pe 20e METHOD OF DISPOSITION
1 Buriel 2 Cremetton 3 Removal from State
4 Donetton 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, gremetory or or or partial or of the cometery). 20c. LOCATION - City or Town, State must examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 57 Jyng. 40 MANL HUDSON medical 23. PART I. Enter the diseases, of complicatione that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrest, shock, or heart fellure. List only one cause on each line. Approximata interval Between Onset and Death **IMMEDIATE CAUSE (Finel** the disease or condition ACUTE MYOCARDIAL INFARCTION recuiting in death) event, DUE TO (OR AS A CONSEQUENCE OF): CAD traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events recuiting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERF AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? S/P RIGHT CVA W/LEFT HEMTPLEGIA Item 23 shows any 1 TYES 2 XNO OF DEATH? S/P OLD M.I. 1 YES 2 NO PHYSICIAN: T.D.D.M 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) **EXAMINER?** OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 - Residence 8 - Other (Specify) 4 🗆 Nu 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY marked, 1 Netural
2 Accident 5 Pending м 1 YES 2 NO ВҰ 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 65 COMPLETED 6 Could not be 28 4 Homicide E HOSPITAL OR AT FUNERAL DIRECT Within 72 hours a TTANT: If item 2 29a. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(e) and manner es stated. 2 MEDICAL EXAMINER: On the basis TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: I 29b. SIGNATURE AND TITLE OF CERTIFIER of orm 29c. LICENSE NUMBER 29d, DATE SIGNED (Month. B 9

D 30528

M.D. VA Medical Center, Ft. Howard, Md. 21052

vet

2

Bala 5.

31. DATE FILED (Month, Day, Year)

AII(3 0 91

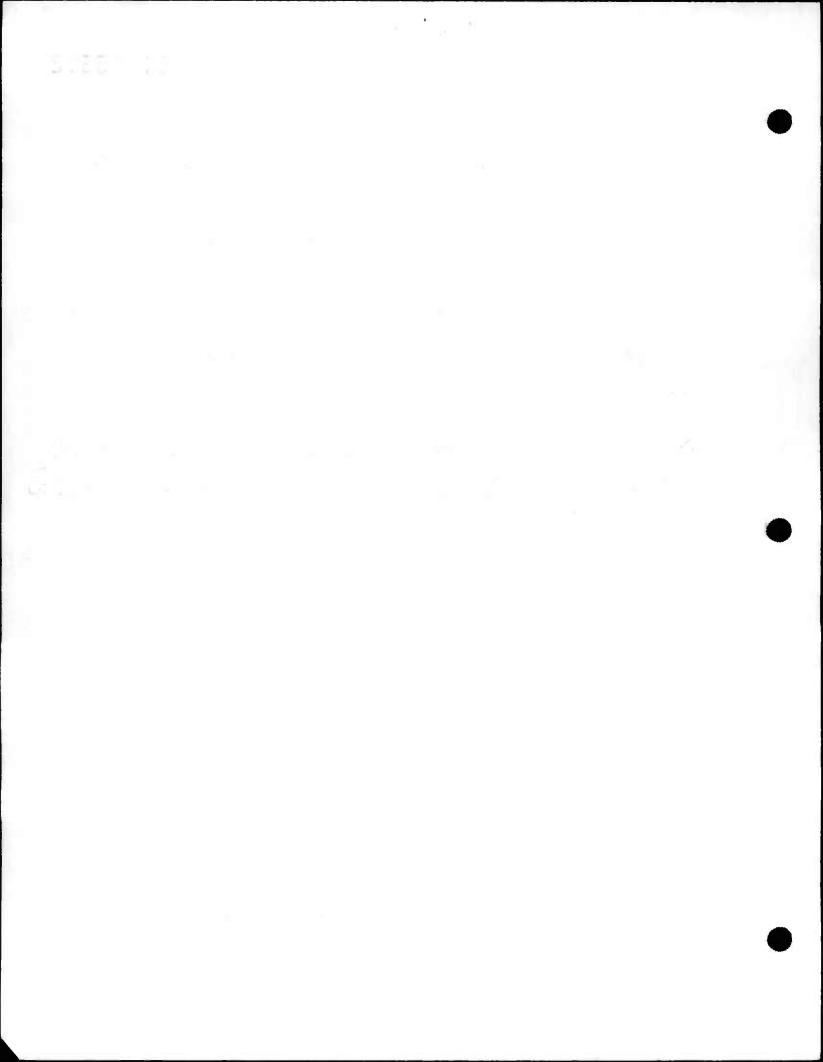
Bala S. Duggirala,

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Julia Davidson-Probable

81 23



		FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF I			HYGIENE REG. NO.	31 6	25613	
		1. DECEDENT'S NAME (First, Middle, Lest, Wendy	Allison	BURROUG	HS		2. DATE OF MONTH	DAY	YEAR	TIME OF DEATH	
permit. Pages 1, 2, 3		4. SOCIAL SECURITY NUMBER 171-46-3547	1 □ M 2 🔀 F	1 ☐ M 2 🖫 F 37 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) Mar. 28, 1				28, 1954	1954 Massachusetts		
	стон	99. FACILITY NAME (If not institution, give Garrett County M RESIDENCE OF DECEDENT		oital		96. CITY, TOWN OR LOCATION OF DEATH Oakland Garrett					
	DIREC	10e. STATE 10b. COUN	Allegheny		Pittsbu					I. INSIDE CITY LIMITS? X YES 2 \(\square\) NO	
ısıt	FUNERAL	3089 Texas Ave.				101. ZIP CODE 15216			10g. CITIZEN OF WHAT COUNTRY? USA		
ling physician. the bunal-transit	ВУ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMET FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ YES 2 ☑ NO Specify:						
tal or attending for use as the	COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondery (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	Se. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use ratired.) 18b. KIND OF BUSINESS/IND			INDUSTRY	754		
be retained by the hospital or att ge 5 should be detached for use e notified at once.	E COMP	17. FATNER'S NAME (First, Middle, Lest) John H.	Burroughs				AME (First, Mic	Banking st. Middle, Melden Sumeme) W. Weiman			
	TO BE	190. INFORMANT'S NAME (Type/Print) Joan B. Craig	19b. MAILING ADDRESS			Street and Number or Rural Route Number, City or Town, State, Zip Code) Camp Road, Venetia, PA 15367			Zip Code)		
e 6 may ector, pa must b		20e. METNOD OF DISPOSITION 1	moval from State	Omega Crematory				20c. LOCATION — City or Town, State Morgantown, West VA			
er death, Pag he funeral dis ral.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Stewart Funeral Home 32 S. Second St., Oak								21550	
secuted within z. Neurs after and completely filled in by the bunial, cremation, or removal.		23. PART I. Enter the diseases, or ahock, or heart fallure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Multiple	eed the death. Do n sach line. 2 Injuries us a consequence of	, head		ch as cardia	c or respiratory	arrest,	Approximate Interval Batweer Onset and Daati	
th certificate be executed physician and Hygiene prior to bur or other traumation	CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d									
w requires that the death been signed by the attent or, of Health and Mental H shows any Injury, or	: MEDICAL	PART II. Other algnificant condition	one contributing to deat	in the underlyli	P			AS AN AUTOPSY ERFORMED? YES 2 NO 24b. WERE AUTO MAILABLE I COMPLETIO OF DEATH? 1 YES			
law law	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	heck only one) 6 Other (Other (Specify)							
PHY this with	ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending ACCIdent Investigation	LOp M 1	Pass P ^M 1□ YES 2X NO Pass Head			escribe Now injury occured senger, front seat, auto d on collision				
DIRECTOR: After hours after death		3 Suicide 6 Could not b 4 Homicide detarmined		City or Town,			treet end Number or Rurel Route Number, State) N. of Friendsville,MD				
TO THE HOSPITAL O TO THE FUNERAL D be filed within 72 ho IMPORTANT: If IN	COMPLET	(Check only one) 2 MEDICAL EXAMI	SICIAN: To the best of my kr							nd manner ee stated.	
THE I	BE	296. SIGHATURE AND STILE OF CERTIFIC	7/4.	14	21)	29r. LICENSE NU	STATE OF THE STATE	100	DATE SHONED (M	HILE STRUCK	
5 5 3 W	2	30" NAME AND ADDRESS OF PERSON V	YHO COMPLETED DAUSE OF	DEATH (ITEM 47) (Two	e. Print)	D 056	<i>3</i> 0		septembe	er 3,1991	

91

Donald R.

8

31. DATE FILED (Month, Day, Year) SEP 9

Richter,

1991

M.D.

_	FOR 1 - STATE REGISTRAR	STATE OF MARY			HEALTH AND	REG. NO			25614		
1	1. DECEDENT'S NAME (First, Middle, Lest) Thomas	Richar	d BRA	ADLEY		2. DATE OF DEATH MONTH Sept. 7,	1991 Y	EAR	TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 28 1-03-7629	1 🔀 M 2 🗆 F	iE (In yrs. last birthday) 83 YRS.	IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)	8.	Country)	ylvania		
CTOR	98. FACILITY NAME (If not institution, give a Garrett County Me RESIDENCE OF DECEDENT		pital		vn or Location of Di	EATH	Garre	1100	н		
DIRE	MD Ga	rrett		ry, town on Lo	cation ce Park				d. INSIDE CITY LIMITS?		
FERAL	100. STREET AND NUMBER 501 G Street				101. ZIP CODE 2 1	550	10g. CITIZE	USA	T COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 N Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	ES 2 XNO	If yes	DECENDENT OF HISPAI , specify Cubers, Mexico YES 2 X NO Specif	in, Puerto Ricen, etc.)	ne or No 14	Black, W. Specify:	American Indian, hite, etc.		
once. COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (9-12)		16a. DECEDENT'S (Give kind of life. Do NOT a Enginee	work done during use retired.)	most of working	16b. KIND OF B	Highwa				
or other traumatic event, the medical examiner must be notified at once. FRTIFICATION TO BE COM	17. FATHER'S NAME (First, Middle, Lest) Thomas ——	Bra	dley		Eva		Tan	nsley			
	19a INFORMANT'S NAME (Type/Print) Ora Bradley				Mt. Lake P		wn, Statu, Zip C 2 1550	ode)			
	206. METHOD OF DISPOSITION 1 Strict 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) 206. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Ferndale Cemetery 206. LOCATION — City or Town, Blate Other place) 21. SIGNATURE OF FUNERAL SERVICE LICEM 22. NAME AND ADDRESS OF FACILITY										
examiner	Stewart FuneralHome 32 S. Second St., oakland, MD 21550										
e medica	23. PART i. Enter the diseases, br complications that caused the death. Do not anter tha mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition										
vent, th	disease or condition resulting in desth) a. Pneumonia DUE TO (OR AS A CONSEQUENCE OF):										
	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. Terminal adenocarcinoma of the stomach DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
shows any injury, : MEDICAL CI	PART II. Other aignificant condition		ORMED?	CO OF	AREA AUTOPSY FINDINGS ARLABLE PRIOR TO MPLETION OF CAUSE F DEATH? YES 2 X NO						
23 A	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	8. PLACE OF DEATH (C)	heck only one)					
5 >	1 VES 2 NO 27. MANNER OF DEATH	1 Sinpatient 2 ER/C 28a. DATE OF INJUI (Month, Day, Yea	RY 286. TI	4 Nursing	Home 5 Residence INJURY AT WORK?	6 Other (Specify) 26d. DESCRIBE HOW	INJURY OCCU	RED			
8 is mari	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined		JRY — Al home, farm,	M 1	YES 2 NO	281. LOCATION (Street City or Town, State		Rural Rout	e Number,		
item P	000)	SICIAN: To the best of my kr							nd manner as stated.		
IMPORTANT: IF	286. SIGNATURAND TITLE OF CENTIFE	Richter	M		D30035			-07-9	onth, Day, Year)		

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

RT#7

32. REGISTRAR'S SIGNATURE

Box1495 Oakland, MD 21550

			1 - STATE REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO).	
	-		1. OECEOENT'S NAME (First, Middle, Last) ALCON						AY YE	3. TIME OF DEATH
_ /		1		ODSWORTH				09 0		
	J	1	4. SOCIAL SECURITY NUMBER 220-26-8748	1 × M 2 □ F 60	YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-27-	30 Å	INTHPLACE (State or Foreign Journal) Iaryland
la shoul		~	9a. FACILITY NAME (If not institution, give st		1		R LOCATION OF OE		9c. COUNTY	
Same	arteris.	2	DORCHESTER GE	NERAL HOSP	•	CAMBR	IDGE MI		DORC	HESTER
sages		DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATI	ON			10d. INSIGE CITY LIMITS?
ait. P				CHESTER		AMBRID				YES 2 NO
46 physician. burial-transit permit. Pages		FUNERAL	100. STREET AND NUMBER 504 GOVERNORS				ZIP CODE 21613		U	OF WHAT COUNTRY?
ing the		B≼	11. MARITAL STATUS 1 Naver Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X MD		cify Cuban, Maxican	IC ORIGIN? (Specify Yen, Puerlo Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White
203- r attend use as		ETED	15. DECEOENT'S EOUC (Specify only highest grade	ATION completed)	18a. OECEDENT'S L	ork done during mos	N t of working	16b. KIND OF BU	ISINESS/INDUST	RY
212 of for a		<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	77.				i
AND he hospit detached	once.	COMPL	0 7	l	Bus/'	Fruck D		ME (First, Middle, Maider	Sumama	
	75		Noble Bloodswo	orth				nie McGl		n
MARYL be retained by ge 5 should be	notified) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORESS (Street at	1.4	oute Number, City or Tox		
E, M/ ay be ret page 5 s	be no	9	Frances H. Blo					Cambrid	-	
RE, may	must b		20a, METHOO OF DISPOSITION	20b.	other place)				OCATION — City	
MORE Page 6 may al director, pa		İ	4 Donation 5 Other (Specify)		d Trini		CONTRACTOR OF FAC		rch Cr	eek, Md.
ALT death.	examiner		· //	limes		Thoma	s Funer	ral Home	ambrio	lge, Md. 21613
O. BOX 13146, certificate be executed within 2007 inding physician and completely fille	al Hygiene prior to burial. cremation, or removant or other traumatic event, the medical	CERTIFICATION	23. PART I. Enter the diseases, or on thock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. JULY TO (OR AS A	CONSEQUENCE OF	lare e Ca		san co		Interval Between Onset and Death
	d Mental	- 1	PART II. Other significant condition	s contributing to death be	ut not reaulting in	n the underlying	cause given in	Part I. 24a. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
AL RECORDS The law requires that the has been signed by the	5 30	: MEDICAL							RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
FAL The law	e Dept	IAN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Che	ock only one)		
SICIAN: The Is	or item	SIC	EXAMINER? 1 YES 2 AND	HOSPITAL: 1 Inpatient 2 ER/Outp		OTHER: 4 Nursing Home	5 Pasidence	8 Other (Specify)		
OF PHYSIC this ce	te kit	BY PHYSICIAN:	27. MANNER OP DEATH 1 Natural 5 Pending 2 Accident Investigation	28e, DATE OF INJURY (Month, Day, Year)	28b. TIME	JRY WO	JRY AT RK? ES 2 NO	28d. OEŞCRIBE HOW	INJURY OCCUR	ED
ISI TEN	after d	ETED E	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, atc. (Spec	— At home, ferm, st	treet, factory, office		28f. LOCATION (Street City or Town, State		Bural Route Number,
	n 72 hours E if item	COMPLE	enel comp	CIAN: To the best of my knowl R: On the basis of exemination						suse(s) and manner as stated.
TO THE HOSPITAL TO THE FUNERAL	be filed within 72 IMPORTANT: If	BE CC	296. SIGNATURE INO TITLE OF CENTIFIES	Ph Plan			29c. LICENSE NUN			GNEO (Month, Day, Year)
22	2 ₹	2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	Print)	0007/	/	7-	// · / /
-60	_		RINORTON H	tall, mn.	171	RANK	4091	T. Com.	BAIDO	FF My 21613
			SEP 11 '91	Julia Davidon	Mandell					

te, our

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matic event, 1	or other trau	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, t	ked, or item 23	item 28 is mar	IMPORTANT: If
to burial, cremat	I Hyglene prior I	be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremati	with the State Depr	hours after death	be filed within 72
n and completely	ending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely	his certificate has	DIRECTOR: After t	TO THE FUNERAL
executed within	th certificate be	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	PHYSICIAN: The law	L OR ATTENDING P	TO THE HOSPITA

1 - FOR STATE REGISTRAR		STATE OF I		DEPAR					MENTAL HYGIEN	E 9		25616
1. DECEDENT'S NAME (First Daisy		rue	Bitt1	e					2. DATE OF DEATH	AY	51	3. TIME OF DEATH 10:25P M
4. SOCIAL SECURITY NUM 213-74-6475		5. SEX 1 M 2 F	6. AGE (In yrs. Is 100	YRS.	IF UNDER	DAYS	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year) 7-11-189		Country	PLACE (State or Foreign) Land
Fahrney	Keedy	A			-		sbor		EATH	9c. COUNT Was		ath gton
Maryland	106 COUNTY Frede	erick			LY, TOWN		TION					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
10e. STREET AND NUMBER 3659 Bittle						101	ZIP COD	773			U.S.	HAT COUNTRY?
3 Widowed 4 Dive	Married	FORCES?	NT EVER IN U.S. A I YES 2 X MAR OR DATES			If yes, sp	ENDENT (ecify Cube 2 X NO	n, Maxica	IIC ORIGIN? (Specify Yen, Puerto Ricen, etc.)	or No 14	Black, Specify	- American Indien, White, etc.
15. DEC (Specify on) Elamentary/Secondary (II 17. FATHER'S NAME (First, M.	EDENT'S EDUCA y highest grade of 0-12)	ompleted) College (1-4 or 5	+)	ECEDENT'S Give kind of a. Do NOT u memal	work done se retired.)	CCUPATION during mo	ON est of workl	ng	Own Hol		TRY	
uplon Gr	cossnich	rle					Mar	tha	ME (First, Middle, Malden Ellen Lea	therma		
Clarence U.		2	3	665 T	3 ADDRESS	s (Street o	ind Numbe	or Aural I yers	Route Number, City or Tow Sville, Ma	n, State, Zip C ryland	21:	773
20a. METHOO OF DISPOSIT 1 M Buriel 2 Cremetic 4 Donation 5 Other	on 3 🗆 Remov	rel from State	Gross	of dispo	sition (No	ame of cer	Bret	natory or threv	Cemt. Mye	rsvill	e, 1	m, State Maryland
21. SIGNATURE OF UNERU	L SERVICE LICE	Rich	ette	,	22.	NAME A	ND ADDRE	SS OF FA	CILITY	504 Ma	in S	Street 2, MD 21773
23. PART I. Enter the dahock, or h IMMEDIATE CAUSE (Fidesese or condition resulting in death)	eart tellure. Li	at only one car	use on each iin	e. Pre	ima		de of dy	ing, suc	h aa cardlec or reap	Iratory arres	it,	Approximeta Interval Between Onset and Daeth
If any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or Injuthat initieted events	Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that inlitieted events resulting in deeth) LAST											
PART II. Other algnification of the state of			death but not		in the us	nderlyin	g cause	given in	Part i. 24a. WAS AN PERFO	RMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED 1 EXAMINER? 1 VES 2 NO		HOSPITAL:	☐ ER/Outpatient	2 🗆 804	OTHE	Bi		- 0.00	eck only one)			
27. MANNER OF OEATH 1 Antural 5 2 Accident	Pending Investigation	28a. DATE Of (Month, I	FINJURY	28b. TIR		28c. IN.	PURY AT DRK?		8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCU	RED	
0 0 1-1-1-1	Could not be determined	28e. PLACE (building	OF INJURY — At h	ome, farm,	street, fac	tory, offic	•		28t. LOCATION (Street City or Town, State	and Number or	Rural R	oute Number,
									to the cause(s) and ma			and manner ea stated.
296. SIGNATURE AND TITLE	OF CERTIFIER	mp						ENSE NUI		29d. DATE 5		(Month, Day, Year)
30. NAME AND ADDRESS O	F PERSON WHO	COMPLETED CAU	SE OF DEATH (IT	EM 27) (Typ)	s, Print)	466	RJT	06~	, ms 21	148		

32. REGISTRADE SIGNATURE
July Davidson-Randall

31. DATE FILED (MONSEP 147) 2 '91

1	CEDENT'S NAME (First	A	MIMITE		Berry			2. DATE OF DEATH	DAY.	YEAR	. TIME OF DEATH
1 200	CIAL SECURITY NUME			AGE (In yrs. less			I	9/	2/	9	1545
	L7- 58-540		1 M 2 WF	74		ONTHS DAYS	HOURE MIN.	7. DATE OF BIRTH (Month, Day, Year)	2020	Country)	.ACE (Stete or Foreign
-	CILITY NAME (# not in	_		(4				Dec. 23,	1916		bama
2.54					9		OR LOCATION OF D			INTY OF DEA	
	VASILINGTO	n Adve	entist Hosp	ıtal		Tak	coma Park	ξ	Mon	tgome	ry
10e. S	TATE	10b. COUN	тү		10c. CITY, 1	TOWN OR LOCA	TION			- 1	INSIDE CITY
ā 1	Md.	P.0	7.		1	Adelphi				1	TYES 2 NO
10. S	TREET AND NUMBER						f. ZIP CODE		10g. CIT	IZEN OF WH	AT COUNTRY?
5	7921 R	iggs	Rd.				20783		U	.S.A.	
11. M/	ARITAL STATUS		12. WAS DECEDENT ET FORCES? 1	VER IN U.S. ARI	MED			NIC ORIGIN? (Specify Y		14. RACE -	- American Indien, White, etc.
	Never Merried 2 Widowed 4 Divo		IF YES, GIVE WAR				S 2 NO Specif			Specify:	
			1	1		<u> </u>					Black
-	(Specify onl	V highest grad		(G/		K done during m		16b. KIND OF B	USINESS/INI	DUSTRY	
E) 17. FA	ementary/Secondary (6	0-12)	College (1-4 or 5+)					77.0			
17 FA	THER'S NAME (First, M	Airirlia I aati			House	wile	14 MOTHERIE M	HO AME (First, Middle, Maide			
			ah am								
190, 11	James NFORMANT'S NAME (shop	191	MAILING A	ODRESS (Street		chel Houte Number, City or Te	Lee	in Code)	
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		1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	RTMENT OF H	HEALTH AND I	MENTAL HYGIEN		
		1. DECEDENT'S NAME (First, Middle, Le ARTHUR	V.	В	RANDT		2. DATE OF DEATH DO 09 04		3. TIME OF OEATH
P)	4. SOCIAL SECURITY NUMBER 214-16-7156	5. SEX 6. AGI	E (In yrs. last birthday) 70 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-24-192	8.	BIRTHPLACE (State or Foreign Country) /irginia
3 should	76.4	9e. FACILITY NAME (If not institution, gh				OR LOCATION OF DE		9c. COUNTY	OF DEATH
5 1, 2	CTO	PRINCE GEORGE RESIDENCE OF DECEDENT 10e. STATE 10b. COU			Y, TOWN OR LOCAL	IEVERLY		PRINC	CE GEORGE
nit. Pages	DIRE	Maryland Pri	nce George		llege Pa				10d. INSIDE CITY LIMITS? 1XX YES 2 \(\text{\text{NO}}\) NO
ısit permit.	FUNERAL	100. STREET AND NUMBER 7318 Baylor Av	enile		1	1. ZIP CODE 20740			OF WHAT COUNTRY?
or attending physician.		11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? XX YES	5 2 NO	13. WAS DEC		IC ORIGIN? (Specify Yes		RACE — American Indien, Black, White, etc.
215-0 attending use as the	ED BY	3 Widowed 4 Divorced 15. DECEDENT'S E	IF YES, GIVE WAR OR WWILL DUCATION	16a, DECEDENT'S	USUAL OCCUPATION	DN	16b. KIND OF BUS	INCSS /INDITE	White
ed for	COMPLET	(Specify only highest gn Elementary/Secondary (0-12) 12 years	College (1-4 or 5+)	Give kind of ille. Do NOT u	work done during mo se retired.)	ost of working	Washin		
		17. FATHER'S NAME (First, Middle, Last) George Br	andt.			18. MOTHER'S NAI	WE (First, Middle, Malden	Surname)	
tained should tiffed	TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street e		a Barbara Number, City or Tow		
ay be	-	Florence L. Bra		Same	e as #10	ame of	DATE 20c. LO	CATION CIS	or Town, State
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4 9 2 ×		· Donald V	Boywa	A	4400 1	Powder Mi	wardt Fun 11 Rd. Be	ltsvil	le. Md 20705
within 24 potentely fille cremation, rent, the		23. PART I. Enter the diseases, of shock, or heart failur iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Such	asch lina. A CONSEQUENCE O	4	da of dying, such	as cardiac or reapi	ratory srreat	, Approximats interval Batween Oneat and Dasth
th certificate be execu- ending physician and il Hygiene prior to bur or other traumatic	ERTIFICATION	Sequentially list conditiona, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated svents resulting in death) LAST	c	A CONSEQUENCE OF					
the d We	CAL C	PART II. Other algolificant conditi	ons contributing to death	but not resulting	in the underlying	g cause givan in i	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
v requires the been signed it, of Health I shows an	MEDI						□ NO	COMPLETION OF CAUSE OF DEATH? 1 27ES 2 NO	
B 8 8 4	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? X(X) YES 2 □ NO	HOSPITAL:	Instinct 3 DOA	OTHER:	ACE OF DEATH (Che			
OING PHYSICIAN: The After this certificate death with the State marked, or Item	ву РНУ	27. MANNER OF DEATH 1 Naturel 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year) 0 9 0 2	1991 5:0	28c. INJI WO 0 P 1 V	RK?	28d. DESCRIBE HOW IT PACED PLAS	0	th over Held
TTENOI TOR: A after d	CH	3 Suicide 6 Could not b 4 Homicide determined	womaning, are, topi	Y — At home, term, s ecify) GEORGE			28t. LOCATION (Street a City or Town, State) CHEV	nd Number or F	
로 작은 =	COMPLET	2 MEDICAL EXAMI	/SICIAN: To the bast of my knowness.	wiedge, deeth occurre on and/or investigatio	ed at the time, data n, in my opinion, de	and piece, and dua t	to the cause(s) and man	ner as atated,	use(s) and manner es stated.
TO THE HOSPI TO THE FUNER be filed within IMPORTANT:	38 C	29b. SIGNATURE AND TITLE OF CERTIF	Man.			29c. LICENSE NUM OCM		29d. DATE SI	05 1991
+1	5	ANN M. DIXON,		EATH (ITEM 27) (Type, 11 PENN		ВАТ.ТТ	MORE, MAR	YLAND	
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN						
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The state of the s	IERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	in 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	T: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once
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	1. DECEDENT'S NAME (First, Middle, Last)	JEAN		ATE OF DEA	2.	REG. NO.	PT. 5.91	3. TIME OF DEATH 6				
	1. DECEDENT'S NAME (First, Middle, Last) PAW JEFFERS 4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE				9 5	91	6 XA				
	213-14-1582	10.1.00	(m. y.o. naot ominady)	UNDER 1 YEAR IF UND		DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign iry)				
	9e. FACILITY NAME (If not institution, give			D. CITY, TOWN OR LOCA	TION OF DEATH	6/10/17	9c. COUNTY OF	ARYLAND				
ECTOR	The state of the s	LOSPITAL		STUER SM				onery				
DIR		TEOMERY		OWN OR LOCATION	6			10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
RAL	100. STREET AND NUMBER	Toll # Con		10f. ZIP CO	75		10g. CITIZEN OF					
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ETED	15. DECEDENT'S EDI (Specify only highest grad	UCATION le completed)	tee. DECEDENT'S USU (Give kind of work	done during most of wor	kina	16b. KIND OF BUS	INESS/INDUSTRY					
PLE	Elementary/Secondary (0-12)	College (t-4 or 5+) 5+	SOCIAL	tired.)		FDTCCOD	T COMP :					
OMPL	17. FATHER'S NAME (First, Middle, Last)		DOCTATI	WORKER	THER'S NAME "	EPISCOPA		FOR CHILDRI				
ЕС	TISE	JEFFERSON		te. MO	LAUR		DAVIS					
0 8	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	DRESS (Street end Numb								
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	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Ren	noval from State 20b	PLACE AND DATE OF DI	ISPOSITION (Name of place)			CATION — City or To					
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI		CHAMBERS	CREMATOF	1 1		ERDALE,	MD.				
	· nuntin	Vand land	2					20910				
-	22 DADY I Selection discount	amy renegal	M00091	W. W. CH	LAMBERS	CO. INC.	, SILVE	R SPRING,M				
		List only one cause on e	I the death. Do not e ach line.	enter the mode of d	lying, auch aa	cardiac or reapir	etory arreat,	Approximate Interval Between				
	IMMEDIATE CAUSE (Final disease or condition	CARL	7 7 7 7 7 7	2 8	. 40	0	-	Onset and Des				
	disease or condition resulting in death) a. CAR FIO RCS P. RATORY ARREST 5 WIN. DUE TO (OR AS A CONSEQUENCE OF): ES Plans Col CRUCEC 4											
N	Sequentially list conditions, ESOPlace fal cancec 4770											
ATIC	cause. Enter UNDERLYING											
RTIFICATION	Cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events C. Due To (or as a consequence of):											
	CAOSE (Disease or injury											
RTIFI	that initiated events	resulting in death) LAST										
CERTIFI	that initiated events resulting in death) LAST	d			PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY 24b. WE							
AL CERTIFI	that initiated events resulting in death) LAST PART II. Other significant condition	d	ut not reaulting in th	ne underlying cause	given in Part			AVAILABLE PRIOR TO				
EDICAL CERTIFI	that initiated events resulting in death) LAST	d	ut not reaulting in th	ne underlying cause	given in Part		AED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?				
MEDICAL CERTIFI	that initiated events resulting in death) LAST PART II. Other significant condition	d	ut not resulting in th	ne underlying cause	given in Part	PERFORI	AED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?				
MEDICAL CERTIFI	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL	dna contributing to death be		26. PLACE OF	given in Part	PERFORI	AED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?				
YSICIAN: MEDICAL CERTIFI	PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	d	от		DEATH (Check or	PERFORI	AED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
Y PHYSICIAN: MEDICAL CERTIFI	PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	d. na contributing to death be	от	26. PLACE OF FMER: Nursing Home 5 F 28c. INJURY AT	DEATH (Check or Reeldence 6 - 26d	PERFORI	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?				
D BY PHYSICIAN: MEDICAL CERTIFI	PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be	HOSPITAL: t Inpatient 2 ER/Outpr 28e. PLACE OF INJURY 28e. PLACE OF INJURY	estiont 3 DOA 4 DOA 26b. TIME OF INJURY	26. PLACE OF THER: Nursing Home 5 F 28c. INJURY AT WORK? M t YES 2	DEATH (Check or Residence 6 26d	PERFORI 1 YES 2 Other (Specify) DESCRIBE HOW IN	JURY OCCURED	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
TED BY PHYSICIAN: MEDICAL CERTIFI	That Initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OP DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation	d. na contributing to death be FF45 >>> HOSPITAL: t Inpatient 2 = ER/Outp 28e. DATE OF INJURY (Month, Day, Year)	estiont 3 DOA 4 DOA 26b. TIME OF INJURY	26. PLACE OF THER: Nursing Home 5 F 28c. INJURY AT WORK? M t YES 2	DEATH (Check or Residence 6 26d	PERFORI 1 YES 2 Other (Specify) DESCRIBE HOW IN	JURY OCCURED	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
OMPLETED BY PHYSICIAN: MEDICAL CERTIFI	That Initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	HOSPITAL: t Inpatient 2 ER/Outp 26e. PLACE OF INJURY building, etc. (Specialistical)	setient 3 DOA 4 To 4 To 26b. TIME OF INJURY — At home, ferm, street	26. PLACE OF THER: Nursing Home 5 F 28c. INJURY AT WORK? M t YES 2 4, factory, office	DEATH (Check or Recidence 8 26d NO 28f.	PERFORI 1 YES 2 Other (Specify) DESCRIBE HOW IN LOCATION (Street ar City or Town, State)	JURY OCCURED Id Number or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 MO				
E COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	That Initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	HOSPITAL: 1 Inpellent 2 ER/Outp 26e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Spec	setient 3 DOA 4 To 4 To 26b. TIME OF INJURY — At home, ferm, street	26. PLACE OF THER: Nursing Home 5 F 28c. INJURY AT WORK? M t YES 2 t, factory, office	DEATH (Check or Recidence 8 26d NO 28f.	PERFORM 1 YES 2 Other (Specify) DESCRIBE HOW IN LOCATION (Street ar City or Town, State) e cause(e) end ment date end piece, end	JURY OCCURED Id Number or Rural F	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO.				
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	That Initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Place of INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Spec	26b. TiME OF INJURY — At home, ferm, street ify) ledge, death occurred at n end/or investigation, in	26. PLACE OF THER: Nursing Home 5 F 28c. INJURY AT WORK? I YES 2 It, factory, office	DEATH (Check or Reeldence 8 28d No 28f.	PERFORI 1 YES 2 Other (Specify) DESCRIBE HOW IN LOCATION (Street ar City or Town, State) e cause(e) end menr date end piece, end	JURY OCCURED Ind Number or Rural F	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO.				
E COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	That Initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 HOSPITAL: 1 HOSPITAL: 1 HOSPITAL: 1 HOSPITAL: 1 HOSPITAL: 1 HOSPITAL: 1 HOSPITAL: 1 HOSPITAL: 1 HOSPITAL: 1 HOSPITAL: 1 HOSPITAL: 28e. PLACE OF INJURY 28e. PLACE OF	26b. TiME OF INJURY — At home, ferm, street ify) ledge, death occurred at n end/or investigation, in	26. PLACE OF THER: Nursing Home 5 F 28c. INJURY AT WORK? I YES 2 It, factory, office	DEATH (Check or Reeldence 6 28d 28d 28d 28d 28d 28d 28d 28d 28d 28d	PERFORI 1 YES 2 Other (Specify) DESCRIBE HOW IN LOCATION (Street ar City or Town, State) e cause(e) end menr date end piece, end	JURY OCCURED Ind Number or Rural I	COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO Route Number, 1 end menner ee stated. (Month, Day, Yeer)				
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	That Initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Place of INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Spec	ath (ITEM 27) (Type Print)	26. PLACE OF THER: Nursing Home 5 F 28c. INJURY AT WORK? I YES 2 It, factory, office	DEATH (Check or Reeldence 6 28d 28d 28d 28d 28d 28d 28d 28d 28d 28d	PERFORI 1 YES 2 Other (Specify) DESCRIBE HOW IN LOCATION (Street ar City or Town, State) e cause(e) end menr date end piece, end	JURY OCCURED Ind Number or Rural I	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO.				

the second section of a

	1 - STATE REGISTRAR	STATE OF M			RTMENT				MENTA	L HYGIEN	_	91	25620
	1. DECEDENT'S NAME (First, Middle, Last) Hazel Belcher								MONT	of DEATH DE		YEAR	3. TIME OF DEATN 7:41A M
	4. SOCIAL SECURITY NUMBER 225-96-1088	5. SEX 1 M 2 F	e. AGE (in yrs. ia:	st birthday) YRS.	IF UNDER	1 YEAR DAYS	# UNDER	MIN.	7. DATE (Monti	OF BIRTH	-	Counti	IPLACE (State or Foreign y)
	9e. FACILITY NAME (If not institution, give s	- 4	04		9b. CITY	TOWN C	R LOCATIO			17,19	9c. COUNT		ginia EATH
TOR	Shady Grove Adver	ntist Hos	pital			Roo	ckvil	le			1	lont	gomery
FUNERAL DIRECTOR	100. STATE 10b. COUNT Maryland Mon	ntgomery		10c, CF	ry, town o								10d. INSIDE CITY LIMITS? 1 VES 2 NO
A.	10e. STREET AND NUMBER	7			110011	-	ZIP CODI	E			10g. CITIZE	EN OF	WHAT COUNTRY?
EH	426 Reading Avenu	1e					20	850			Unit	ed	States
à	11. MARITAL STATUS 1 \(\bigcirc \) Never Married 2 \(\bigcirc \) Merried 3 \(\bigcirc \) Widowed 4 \(\bigcirc \) Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 X	NO		If yes, sp		n, Mexica	n, Puerto	i? (Specify Ye Rican, atc.)	e or No— 1	I4. RACI Blac Spec	E — American Indien, k, White, etc. #/y: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)	CATION completed) College (1-4 or 5 +	(0		Work done			ng	16b	KIND OF BU	SINESS/INDU	STRY	
M	0	0			None						None		
8	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	NER'S NA	ME (First,	Middle, Meiden	Surneme)		
BE	George Henry Belo	her	- 1	W				_	E. En				
2	196. INFORMANT'S NAME (Type/Print)									ber, City or Tow		,	
	Douglas E. Belche	er	20b. PLACE						ckvil	lle, M	arylar CATION — CI		
	1 Burial 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	oval from State	Montg	viace)					ic.				ryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			22.	NAME AN	D ADDRE	SS OF FA	CILITYR				
	· Will Et	Buen of	M006										ey Funeral iontgomery 0-2805
	23. PART I. Enter the diaseses, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Ven	se on each lin	ia.	_		J +				iratory arre	et,	Approximate Interval Batween Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	(OR AS A CONSE		OF):	7	D	tes	ese	*			
PHYSICIAN: MEDICAL C	PART II. Other algolificant condition	is contributing to	dasth but not	resulting	In the ur	ndarlyln	cause (given in	Part I.	24e. WAS AN PERFO	RMED?	248	D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					28 PI	ACE OF D	FATH (Ch	eck only o	ne)		_	
띯	EXAMINER?	HOSPITAL:	GER/Outpatient	3 □ DOA	OTHE	R:							
Ξĺ	27. MANNER OF DEATN	28e. DATE OF	INJURY	28b. Til	ME OF	28c. INJ	URY AT	eldence		SCRIBE HOW	INJURY OCCL	JRED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, De	ey. Year)	IN	IJURY M		PRK?	ON					
	3 Suicide 6 Could not be 4 Nomicide detarmined	28e. PLACE O	F INJURY — A1 h etc. (Specify)	ome, farm,	street, faci	tory, offic	•			ATION (Street or Town, State		or Rural	Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYS												s) and menner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE							ENSE NUI		and the same			O (Month, Day, Year)
S B	John	15-0	-100				D0	6349			> 9	7	8.91
2	30. NAME AND ADDRESS OF PERSON WA			EM 27) (Typ	e, Print)	die	.0	Cer	nter	An	n	10	icuille ms
Ì	31. DATE FILED (Month, Dily, Year)	192. REGISTRA	1 1										1

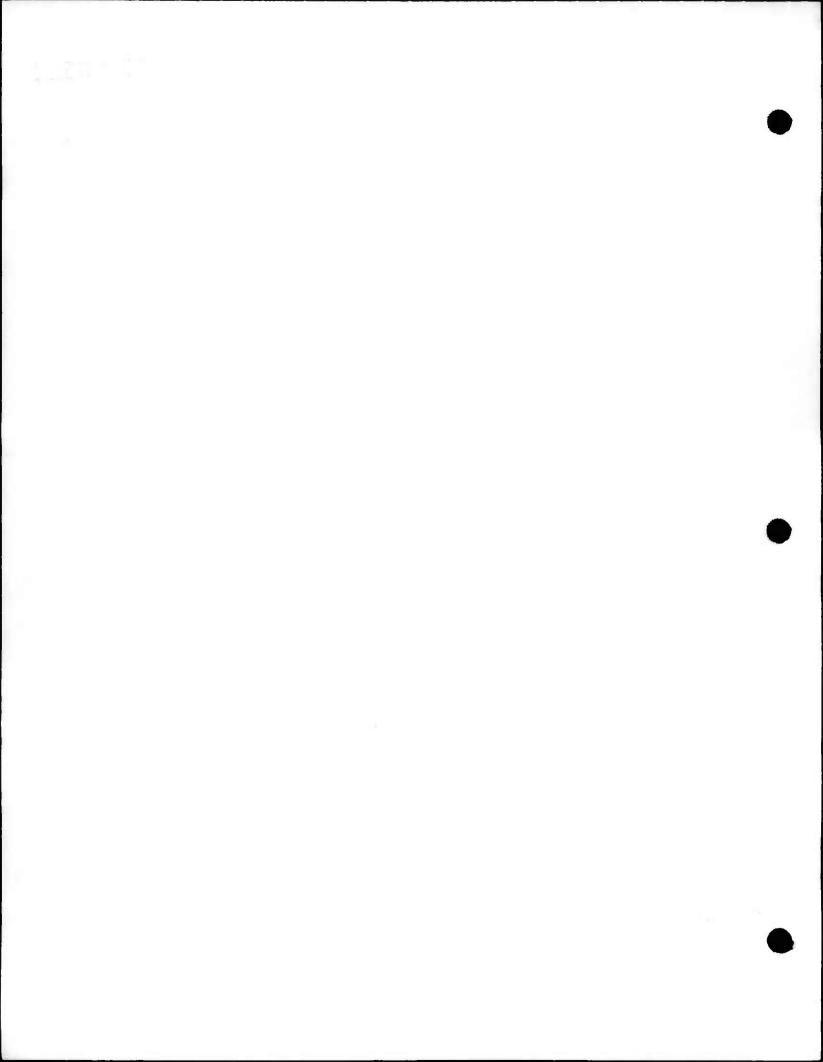
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a refound after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2. Leading within 72 hours after death with the State Dept. of Health and Mental Hyghene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

Released by medical examiner 91 25621

	1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF			YGIENE EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Las	BERK				2. DATE OF D		CEAR 6 40 Q M		
9	4. SOCIAL SECURITY NUMBER 214-20-8605	1 🗆 M 2 🂢 F	E (In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIH.	7. DATE OF B (Month, Day)	18TH (Year) 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	BIRTHPLACE (State or Foreign Country) Virginia		
1	9a. FACILITY NAME (If not institution, given Randolph Hills			96. CITY, TOWN Whea	or location of t	DEATN		y of DEATH JOMETY		
DIRECTO	10e. STATE 10b. COU			TY, TOWN OR LOCA				10d. INSIDE CITY LIMITS?		
AL D	Maryland Pri	nce Georges	l G	reenbelt	or. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?		
FUNERAL	125 Lakeside D 11. MARITAL STATUS 1 Never Married 2XXMerried	12. WAS DECEDENT EVER FORCES? 1 YES		If yes, s	20770 CENDENT OF NISP	ean, Puerto Rican	pecify Yea or No- 1	ted States 4. RACE — American Indian, Black, White, etc.		
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 - YE	S 2XXNO Spec		D OF BUSINESS/INDUS	Specify: White		
COMPLETED	(Specify only highest grant Elementary/Secondary (0-12) 12 years		(Give kind of life. Do NOT	work done during muse retired.)	ost of working		rivate	SINT		
	17. FATHER'S NAME (First, Middle, Last)		beare	tary bo	16. MOTHER'S N		s, Maiden Surname)			
TO BE	George Newcomb 19a. INFORMANT'S NAME (Type/Print) John Berk	e	1	G ADDRESS (Street	and Number or Rura	il Route Number, C	Sity or Town, State, Zip C	vland 20770		
must be	20a. METHOD OF DISPOSITION 1 □ Burlel 2XX Cremation 3 □ R 4 □ Donation 5 □ Other (Specify) □	emoval from State	ob. PLACE OF DISPO other place) Metropol	OSITION (Name of or	emetery, crematory or		20c. LOCATION - CI			
ехашиет п	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE Borgu	vadt	Donal	d V. Boi	rgwardt	Funeral H	Home, P.A. Lle, Md. 20705		
VATION	23. PART I. Enter the diseases, or complications this caused the death. Do not enter the mode of dying, such as cerdiac or respiratory strest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, Due to (or as a consequence of):									
RTIFIC	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST d									
MEDICAL	PART II. Other significant condit	lone contributing to deeth	but not resulting		ng cause given i		WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	utpatient 3 DOA	OTHER	PLACE OF DEATH (C		unceff(v)			
	27. MANNER OF BEATH 1 Netural 5 Pending	28a. DATE OF INJUR' (Month, Day, Year	Y 28b, TJ	ME OF 28c. IN	JURY AT ORK? YES 2 NO		BE NOW INJURY OCCU	RED		
	2 Accident Investigation 3 Suicide 6 Could not a 4 Homicide determined	28e. PLACE OF INJU	RY — At home, farm.	, street, factory, off			N (Street end Number own, State)	r Rural Route Number,		
BE COMPLETED	one)	YSICIAN: To the best of my known inters: On the basis of examinat						f. cause(a) and manner sa stated.		
BE	296. SIGNATURE AND TITLE OF CERTIF	bear, 1	1.D.		29c. LICENSE N	WHER 34	29d. DATE	SIGNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON BARRY N. ROS	WHO COMPLETED CAUSE OF I	DEATN (ITEM 27) (Typ.	ARRAGO	T AUG.	KENS	SINGTON	, MD. 20895		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	GNATURE	-						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

	REGISTRAR		CERTI	FICATE	OF DEATH	REG. NO			
į	1. DECEDENT'S NAME (First, Middle, Last)	/ 1 / / /	Willard-		aggott, Sr	2. DATE OF DEATH MONTH D.	AY 9 YEAR	3. TIME OF DEATH O 504 M	
)	4. SOCIAL SECURITY NUMBER 579-38-9065	5. SEX 6. A	GE (In yrs. last birthday 76 YRS.	F UNDER 1 Y		7. DATE OF BIRTH (Month, Day, Year) March 14,	Cou	THPLACE (State or Foreign intry) rginia	
Е	9a. FACILITY NAME (If not institution, give sti Shady Grove Advent		tal		WN OR LOCATION OF D	4	9c. COUNTY OF		
5	RESIDENCE OF DECEDENT			1 11001			I Morrey	Unlery	
FUNERAL DIRECTOR		tgomery		CKVILLE				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
ERAL	1609 Bradley Aven	ue	·		10f. ZIP CODE	States			
BY FUN	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	ER IN U.S. ARMED ZES 2 NO PR DATES VW II	It y	B DECENDENT OF HISPA is, specify Cuban, Maxic YES 2 NO Speci		BI	CE — American Indian, ack, White, atc. ecity: White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elamantary/Secondary (0-12)	ATION	16a. DECEDENT	'S USUAL OCCU of work done duri use retired.)	PATION ng mast of working	16b. KIND OF BU	SINESS/INDUSTRY		
OMPL	12 17. FATHER'S NAME (First, Middle, Lest)		Mai	lman	18. MOTHER'S N	U. S. F	Postal S	ervice	
П	Robert Henry Bac	gott				B. Baker			
BE C	19a. INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADDRESS (S		Route Number, City or Toy	vn, Stata, Zip Code)		
5	Rosemarie J. E	Baggott	1609	Bradle	ey Avenue,	Rockville	MD :	20851	
	20a. METHOD OF DISPOSITION 1	ovat from State		OSITION (Name	of cemetery, crematory or	20c. LC	CATION City or	Town, State ng, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Ra	RD	Rag	Rapp Funeral Services, P. A. 933 Gist Avenue, Silver Spring, MD 20910				
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Onset and Dasth Due to (OR AS A CONSEQUENCE OF):								
8	PART II. Other significent condition	a contribution to do	dhi haid mad midudhla	- In Abra and	d discount of the later to	n			
MEDICAL	- Star symmetric condition	a contributing to dee	an but not resulting	g in the unde	mying causa given ii		RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (C	hack nahr one)			
SICI	EXAMINER? 1 Tes 2 To NO	HOSPITAL:	Outpetient 3 DOA	OTHER:	Home 5 - Residence				
Y PHYSICIAN:	27. MANNER OF DEATH 1 \(\sum \) Natural 5 \(\sum \) Pending	28a. DATE OF INJU	JRY 28b. 1	TIME OF 2	Ic. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURED		
TED BY	2 Accident investigation 3 Suicide 8 Could not be detarmined	28e. PLACE OF IN. building, etc.	JURY — At home, farr (Specify)	m, street, factory	r, offica	281, LOCATION (Street City or Town, State		ral Route Number,	
COMPLETED	one)	CIAN: To the best of my I						se(a) and manner as stated.	
TO BE C	286. SIGNATURE AND TITLE OF CENTURES 30. NAME AND ADDRESS OF PERSON WITH	erec	we		29c. LICENSE NO	JMBER 38	29d. DATE SION	J. DATE SIGNED (Month, Pay, Year)	
	Pasqual Perrino	, M. D.,	15225 Sha	dy Gro	ve Road, #	105, Rockv	ille, M[20850	
	31. DATE FILED (MONTH, Day, Your) 91 32. REGISTRAT'S SIGNATURE Julia Davidson Rendere.								



TO BE COMPLETED BY FUNERAL DIRECTOR

Ar.		1, 2,	
13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, he find within 72 hours after death with the State Deor of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	NG PHYSICIAN: The law requires that the death certificate be exec	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fine within 72 hours after death with the State Deut of Health and Mental Hygiene prior to burfal, cremation, or removal.	marked, or item 23 shows any injury, or other traumati
DIVISIO	TO THE HOSPITAL OR ATTENDIN	TO THE FUNERAL DIRECTOR: Af	IMPORTANT: If item 28 is n

12

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR		CERTIFIC	CATE O	F DEATH	REG. I	NO.		
1. DECEDENT'S NAME (First, Middle, Last) George Allen	Bradshaw	f			2. DATE OF DEATH MONTH Septembe	r 1, 1	951	8:00 A M
			IF UNDER t YEAR		7. DATE OF BIRTH (Month, Day, Year	0 1024	8. BIRTHP Country)	LACE (State or Foreign
3 . , 3			HONTHS DAYS HOURS MIN. Tebruary 9,1924 Sentucky					
98. FACILITY NAME (# not Institution, give stree NIH, The Clinical		1	Bethesda, Maryland Montgomery					
RESIDENCE OF DECEDENT								<u> </u>
D.C.		Call Control	LIMITS?					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITI	ZEN OF WI	IAT COUNTRY?
2800 Quebec St., N				20008			U.S.A	
	2. WAS DECEDENT EVER FORCES? 1 YE	e a DNO		DECENDENT OF HISPAN, specify Cuban, Mexica			14, RACE - Black,	- American Indian, White, atc.
1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR	DATES W.W.2		rES 2 T NO Specifi				Black
15. DECEOENT'S EOUCAT		16a, DECEOENT'S U	SUAL OCCUP	ATION	16b, KIND OF	BUSINESS/INC	USTRY	
(Specify only highest grade co	College (t-4 or 5+)	life. Do NOT use	retired.)	most of working				
	2	Contrac	t Sale	esman	RETAI	L		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Mai	den Surname)		
Venitius Bradsha	W				tte Rod	-0		th
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Stre	eet and Number or Rural	Route Number, City or	Town, State, Zip	Code)	
Mrs. Evelyn M. Br	adshaw	2800 Q	uebec	Street, N	.W. # 11.	54		
20e. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ramovi 4 Donation 8 Other (Specify)	al from State	other place) Arlington				LOCATION —		
21, SIGNATURE OF FUNERAL SERVICE LICEN		AFIINGLON	22. NAMI	E ANO ADDRESS OF FA	CILITY	LITHEL	OII, V	A.
. w. 1 0 00			Jose	eph Gawler	's Sons,	Inc.	N.W.	
Michael No	sor		5130	Wisconsi	n Ave.,	Wash.	D.C.	20016
iMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	OUE TO (OR A	S A CONSEQUENCE OF)		ancer (colorrect	el Ce	ncer	Onset and Death 2 weeks
that initiated events resulting in death) LAST	OUE TO (OR A	S A CONSEQUENCE OF:				_		
PART ii. Other aignificant conditions	contributing to desti	but not resulting in	the underl	ying cause given in	Part i. 24s. WAS	AN AUTOPSY		WERE AUTOPSY FINDINGS
						FORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
					_ ' ' '	200		OF CEATH?
					_			1 - YES 2 740
25. WAS CASE REFERRED TO MEDICAL			20	S. PLACE OF DEATH (Ch	eck only one)			
	HOSPITAL:		OTHER:	Home 5 🗆 Residence	8 C Other (Specific)			
27. MANNER OF DEATH 1 AT Natural 5 Pending	28a. DATE OF INJUF (Month, Day, Yea	Y 28b. TIME	OF 28c.	INJURY AT WORK?	28d, DESCRIBE HO	W INJURY OC	CURED	
2 Accident Investigation 3 Suicide 8 Could not be		IRY — At home, farm, st		YES 2 NO	28f. LOCATION (Str		r or Rurel Ad	oute Number,
4 Homicide determined	building, etc. (S	респу)			City or Town, S	tare)		
299. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	_							end manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	elte M	D-Attend	in.	0,6. 14		29d. DAT	E SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)							
31. DATE FILEO (Month, Day, Year) 32. REGISTRAB'S SIGNATURE								
SEP 04 91 Julia Davider Randers								

1.11

1 - FOR STATE REGISTRAR	STATE OF MARYL					
1. DECEDENT'S NAME (First, Middle, Last) AILEEN	BATE	MAN BA	TEMAN	2. DATE OF DEATH	DAY YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 135-26-0625	5. SEX 6. AGE	(In yrs. last birthday) IF UNDE	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	. 7. DATE OF BIRTH (Month, Day, Year)	8. BIRT Coun	2:45 A. HPLACE (State or Foreign try) EW YORK
UNIVERSITY NUR	ment country.	9b, CIT	Y, TOWN OR LOCATION OF WHEATON		9c. COUNTY OF	GOMERY
. 10a. STATE 10b. COUNT						10d. INSIDE CITY LIMITS? 1 YES 2 NO
	Y BOULEVARD,	W. #1018	10f. ZIP CODE 20902		10g. CITIZEN OF USA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 1 NO	If yea, specify, Cuban, Maxi	can, Puarto Rican, etc.)	e or No 14, RAC Blee Spec	E — American Indian, ik, White, etc. ety: WHITE
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of work done life. Do NOT use retired.)	during most of working			
17. FATHER'S NAME (First, Middle, Last) GEORGE	BATEMAN		18. MOTHER'S P ELIZA	NAME (First, Middle, Maider BETH	Surname) MARONE	
ANN C. SWENSON	(NIECE)	1121 UNIV	ERSITY BLVD			
1 Durial 2 Cremation 3 Ram 4 Donation 8 Other (Specify)	oval from State cen	METROPOLITAN	CREMATORY	ALI	EXANDRIA,	VIRGINIA
senies	5 Magre	7 5	00 UNIVERSI	TY BLVD., I	., SIL.	SP., MD 20
23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Carried S	Aspirat	ion Pneumon	ia		Approximate interval Betwee Onset and Deat 2
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	b. Orblish DUE TO (OR AS A	CONSEQUENCE OF):	andes Vaso	uln Disc	m	10 43
PART II. Other significent condition	s contributing to death b	ut not resulting in the u	nderlying cause given i	PERFO	RMED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТНЕ		Check only one)		
27. MANNER OF DEATH 1 P Natural 5 Pending	1 Inpetiant 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?		NJURY OCCURED	
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	At home, farm, street, fac		281. LOCATION (Street City or Town, State)	and Number or Rural I	Poute Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI	CIAN: To the beat of my knowl	edge, death occurred at the t	ime, date end place, and du	e to the cause(s) and me	nner as stated.	
	//					and manner as atated.
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER 135-26-0625 8a. FACILITY NAME (If not institution, give: UNIVERSITY NUM RESIDENCE OF DECEDENT: 10a. STATE 10b. COUNT MARYLAND 10c. STREET AND NUMBER 1121 UNIVERSIT 11. MARITAL STATUS 12. Mever Married 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDU. (Specify only highest grade Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) GEORGE 19a. INFORMANT'S NAME (Type/Print) ANN C. SWENSON 20a. METHOD OF DISPOSITION 1 Burlel 2 X Cremation 3 Ram 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE Lie 13. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) 23. PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 Jaco 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER Check only 1 DERTIFYING PHYSIC (Check only 1 DERTI	1. DECEDENT'S NAME (First, Middle, Lest) A SOCIAL SECURITY NUMBER 1. SOCIAL SECURITY NUMBER 1. SOCIAL SECURITY NUMBER 1. SOCIAL SECURITY NUMBER 1. SOCIAL SECURITY NUMBER 1. MAY SOCIAL SECURITY NUMBER 1. MAY SOCIAL SECURITY NUMBER 1. MAY SOCIAL SECURITY NUMBER 1. MAY SOCIAL SECURITY NUMBER 1. OB. COUNTY MARY LAND 1. MARYLAND 1. MARYLAND 1. MARYLAND 1. MARITAL STATUS 1. MONTGOMERY 1. MONTGOMERY 1. MARYLAND 1. MARITAL STATUS 1. MARITAL STATUS 1. MARITAL STATUS 1. MARYLAND 1. MARITAL STATUS 1. MONTGOMERY 1. MAY DECEDENT EDUCATION (Specify only highest grade completed) 1. DECEDENT'S EDUCATION (Specify only highest grade completed) 1. DECEDENT'S EDUCATION (Specify only highest grade completed) 1. MAY C. SWENSON ANN C. SWENSON ANN C. SWENSON ANN C. SWENSON ANN C. SWENSON ANN C. SWENSON AND	1. DECEDENT'S NAME (First, Middin, Last) A. SOCIAL SECURITY NUMBER 1. S. SEX 1. M 2 P R 89 1. M 3 P R 89 1. M 3 P R 89 1. M 3 P R 89 1. M 3 P R 89 1. M 3 P R 89 1. M 3 P R 89 1. M 3 P R 89 1. M 3 P R 89 1. M 3 P R 89 1. M 3 P R 89 1. M 3 P R 89 1. M 3 P R 89 1. M 3 P R 89 1. M 3 P R 89 1. M 3 P R 89 1. M 3 P R 89 1. M 3 P R 89 1. M 3 P R 89 1. M 4 P R 89 1. M 4 P R 89 1. M 4 P R 89 1. M 4 P R 89 1. M 4 P R 89 1. M 4 P R 89 1. M 4 P R 89 1. M 4 P R 89 1. M 5 P R 89 1. M 5 P R 89 1. M 6 P R 89 1. M 6 P R 89 1. M 6 P R 89 1. M 6 P R 89 1. M 6 P R 89 1. M 6 P R 89 1. M 6 P R 89 1. M 6 P R 89 1. M 7 P R 89 1. M 7 P R 89 1. M 10 P R 89 1.	REGISTRAR 1. DECEDENT'S NAME (First, MicSide, Last) A LLEEN BATEMAN A LLEEN BATEMAN A LLEEN BATEMAN A LLEEN BATEMAN A LLEEN BATEMAN A LLEEN BATEMAN BATEMAN A SOCIAL SECURITY NAME (if not institution, plus street and number) BATEMAN WHEATON UNIVERSITY NURSING HOME UNIVERSITY NURSING HOME WHEATON RESIDENCE OF DECEDENTY MARYLAND MONTGOMERY 10c. CITY, TOWN OR LOCATION OF WHEATON WHEATON WHEATON WHEATON ON, STREET AND NUMBER 11.21 UNIVERSITY BOULEVARD, W. #1018 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT EVEN IN U.S., ARMED FORCES? 1. YES 2 KINO S. DECEDENT'S EDUCATION (Special of where does design greate completed) S. DECEDENT'S EDUCATION (Special of where does design greate completed) 13. WAS DECEDENT'S USUAL OCCUPATION (Special of where does design greate completed) 14. BOCEDENT'S USUAL OCCUPATION (Special of where does design greate or working) 15. DECEDENT'S EDUCATION (Special of where does design greate or working) 15. DECEDENT'S EDUCATION (Special of where does design greate or working) 15. DECEDENT'S EDUCATION (Special of where does does design greate or working) 15. DECEDENT'S EDUCATION (Special of where does does design greate or working) 15. DECEDENT'S EDUCATION (Special of where does does does design greate or working) 15. 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examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al,	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
ar death. Page 6 may be retained by the hospit	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospir
מער וויים ורלי וועם ורעום	

	1 - STATE REGISTRAR	STATE OF MAR	CEF	RTIFIC	TE OF	DEATH	D WEL	ITAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)					- C/(())	2.1	DATE OF OEATN			3. TIME OF DEATN
	HILDA J.	B	OOTH						199	YEAR	6:14 P.M.
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last bi	irthday) IF (NDER 1 YEAR	IF UNDER 24 HRS	8. 7. 0	ATE OF BIRTH	, 100		IPLACE (State or Foreign
1	169-32-6673	1 🗆 M 2 💢 F 1	00	YRS. MON	THS DAYS	HOURS MIN	7	Month, Day, Year)	891	Counti	nsylvania
1	9e. FACILITY NAME (If not institution, give s	treet end number)		9b.	CITY, TOWN (OR LOCATION OF		11 10, 1		NTY OF D	
6	Suburban Hospital			E	Bethes	da			100	ntgon	
D.	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION										
FUNERAL DIRECTO	Maryland Mont	tgomery			Bethesda						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
*AL	10e. STREET AND NUMBER				101	ZIP CODE		18g. CITIZEN OF			VHAT COUNTRY?
ÿ	6405 Orchid Drive					20817			Uni	ited	States
BY FUI	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOU IF YES, GIVE WAR OF	ES 2 NO	D	If yes, sp	ENDENT OF NISI ecity Cuben, Max 2X NO Spe	ican, Pu	RIGIN? (Specify Yearto Ricen, etc.)	or No-	14. RACE Black Speci	— American Indian, k, White, etc.
	15. DECEDENT'S EDUC	CATION	16a DECEI	DENT'S HELL	AL OCCUPATION						White
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4 or 5+)	(Give i	kind of work of NOT use reti	lone during mo ed.)	st of working		186. KIND OF BU	SINESS/IND	DUSTRY	
P	8	College (1-4 or 5+)	Hous	sewife				Own Ho	me		
0	17. FATHER'S NAME (First, Middle, Last)					18. MOTNER'S	NAME (F	irst, Middle, Maiden			
BE C	John [Debold				Rose		Unavai		2	
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. M	AILING ADD	RESS (Street a		ral Route	Number, City or Tow			
ř	Lois B. McCauley	(Daughter) Sa	ame as	#10					,	
	20e. METNOD OF DISPOSITION 1 Burlel 2 Commetten 3 Remo	avel from State	20b. PLACE AND	DATEOFDIS	POSITION (Na	me of		DATE 20c. LO	CATION —	City or To	wn, State
3	4 Donetion 5 Other (Specify)		camatery cremat SUDL	urban	cremat	tory	9				ng, MD
	21. SIGNATURE OF PUNERAL SERVICE LIC	ENSEE			22. NAME AN	D ADDRESS OF		1		, p	191 170
	Dithe.	B. PN	M008	327				rvices, lver Sp		145	20910
	23. PART I. Enfer the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition	ist only one cause or	n eech line.								Approximata interval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate	OUE TO (OR A:	S A CONSEQUE	INCE OF):	. V.	ary	en;	osci	e ve	200	2
. CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	S A CONSEQUE	INCE OF):					ere	200	2
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	DUE TO (OR A:	S A CONSEQUE	INCE OF):					AUTOPSY IMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATIN? 1 YES 2 NO
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR A:	S A CONSEQUE	INCE OF):	underlying	Ceuse given i	In Part	I. 24a. WAS AN PERFOR	AUTOPSY IMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR A	S A CONSEQUE	aiting in the	28. PL	Ceuse given	In Part	I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY IMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR A	n but not reeu	uiting in the	e underlying 28. PL 1ER: Nursing Nome	ACE OF DEATH (In Part	I. 24a. WINS AN PERFOR 1 YES 2	AUTOPSY IMED? XXNO	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending	DUE TO (OR A	n but not result to the state of the state o	aiting in the	28. PL 1ER: Nursing Nome 28c. INJU WOI	ACE OF DEATH (6)	In Part	I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY IMED? XXNO	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending investigation	DUE TO (OR A: a contributing to deeth b C ER/O HOSPITAL: Inpatient 2 ER/O 28e. DATE OF INJUR (Month, Day, Year	n but not reeu	DOA OTINUE OF INJURY	28. PL	ACE OF DEATH (0) 5 Residence	Check on	1. 24a. WIAS AN PERFOR 1 YES 2 YOUR OTHER (Specify) DESCRIBE NOW II	AUTOPSY MED? (XNO	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending	DUE TO (OR AS	n but not reeu	DOA OTINUE OF INJURY	28. PL	ACE OF DEATH (6)	Check on	I. 24a. WINS AN PERFOR 1 YES 2	AUTOPSY MED? (XNO	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other aignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Natural 5 Pending Investigation 1 Accident 1 Pending Investigation 3 Suicide 6 Could not be	HOSPITAL: Inpetient 2 ER/O 28e. DATE OF INJUR Month, Day, Year 28a. PLACE OF INSUBUILING, etc. (S)	s A CONSEQUE n but not result utpatient 3 12 If 12 in but not result utpatient 3 12 in but not result utpatient 4 12 in but not result utpatient 4 12 in but not result utpatient 4 12 in but not result utpatient 4	DOA OTI	28. PL	ACE OF DEATH (0) 5 Residence JRY AT TRY. ES 2 NO	Check on 26d.	I. 24a. WAS AN PERFOR 1 YES 2 Yes 2	AUTOPSY MED? X No NJURY OCC and Number	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other aignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER 1 CERTIFYING PNYSIC Check only	HOSPITAL: Inpetient 2 ER/O 28e. DATE OF INJUR Month, Day, Year 28a. PLACE OF INSUBUILING, etc. (S)	s A CONSEQUE n but not result utpatient 3 12 If 12 in but not result utpatient 3 12 in but not result utpatient 4 12 in but not result utpatient 4 12 in but not result utpatient 4 12 in but not result utpatient 4	DOA OTI	28. PL	ACE OF DEATH (0) 5 Residence JRY AT TRY. ES 2 NO	Check on 26d.	I. 24a. WAS AN PERFOR 1 YES 2 Yes 2	AUTOPSY MED? X No NJURY OCC and Number aner es state d due to that	24b. CURED or Rural Ri ad. a cause(e)	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other aignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Natural 5 Pending Investigation 1 Natural 5 Pending Investigation 2 Accident 1 Neural 5 Pending Investigation 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 2 Accident 3 Suicide 4 Pomicide 4 Entry Ing Physic Check only one) 2 Accident 2 Accident 3 Suicide 5 Could not be determined 2 Accident 3 Suicide 5 Certifier 1 Certifier 2 Accident 3 Suicide 5 Certifier 1 Certifier	DUE TO (OR AS	but not result to the state of	DOA OT:	28. PL	ACE OF DEATH (0) 5 Residence JRY AT RK? ES 2 NO end place, end di ath occured at the	Check on 26d.	I. 24a. WAS AN PERFOR 1 YES 2 Yes 2	AUTOPSY MED? X No NJURY OCC and Number aner es state d due to that	24b. CURED or Rural Ri ad. a cause(e)	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other aignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 SEDICAL EXAMINER	DUE TO (OR AS	but not result to the state of	DOA OTILIDOA (1) TIME OF INJURY (1) Term, street, occurred at t stigstion, in i	28. PL	ACE OF DEATH (0) 5 Residence JRY AT RK? ES 2 NO end place, end de path occured at the	Check on 28d. 28f. 28f. UMBER	I. 24a. WAS AN PERFOR 1 YES 2 Yes 2	AUTOPSY MED? XX NO NJURY OCC and Number at the did due to the 29d, DATE	24b. CURED or Rural A. a cause(e) E SIGNED	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

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1	20	PO
2	be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DEVETTEN

31. DATE FILEO (Month, Day, Year)

TO BE COMPLETED BY FUNERAL DIRECTOR

										91	256	26
FOR STATE REGISTRAR		STATE OF I		D / DEPAR				MENTAL HYGIEN REG. NO				
1. OECEOENT'S NAME (First		The Control		55]				2. DATE OF GEATH	AY	YEAR	3. TIME OF DE	ATH
BROWN	Ē	LIZABE	TH E	LIZAB	ETH	BRO	OWN	09 0		91	4.35	A
4. SOCIAL SECURITY NUM		5. SEX		s. last birthday)	IF UNDER		IF UNDER 24 HRS.	7. OATE OF BIRTH		8. BIRT	HPLACE (State or	Foreign
216-22-2	514	1 - M 2/F	78	S YRS.	MONTHS	DAYS	HOURS MIN.	(Month, Day, Year)	912		RYLAND	
Sa. FACILITY NAME (If not in	nstitution, give s	treet and number)		T U D	9b. CITY	Y, TOWN C	R LOCATION OF E	DEATH	9c. CO	UNTY OF		
SINAI HO	SPITA	4 L				BAL	TIMORI	ē				
RESIDENCE OF DEC	10b. COUNT	v		T 400 CIT	ry, TOWN	001004	"ION				10d. INSIDE CI	
MARYLAND		E ARUND	TI		NNA						LIMITS?	
100. STREET AND NUMBER		E AKUND	ЕГ	A	MINA.		. ZIP CODE		140- 00	TITCH OF	1 YES 2 WHAT COUNTRY	
		4 P.M	(10			101			1			r
130 HEARI	NE RD			PARELI			21401			S.A		
11. MARITAL STATUS 1 Newer Married 2 2 2 Widowed 4 Dive		12. WAS DECEDED FORCES? IF YES, GIVE	NT EVER IN U.S 1 YES 2 WAR OR DATES			If yes, sp		NIC ORIGIN? (Specify Yesen, Puerto Ricen, etc.) Hy:	s or No—		E — American Inck, White, etc.	dlan,
	EDENT'S EOU		164	. DECEDENT'S	USUAL C	CCUPATIO	ON .	16b. KIND OF BU	SINESS/IN	DUSTRY		
(Specify on Elementary/Secondary (I	ly highest grade 0-12)	College (1-4 or 5		(Give kind of life. Do NOT u	work done ise retired.)	during mo	st of working					
a.c y o o contact y (,	annaha (i.a oi o	.,	COS	MET	01.00	? Y					
17. FATHER'S NAME (First, A	fiddle, Last)			000	11111	ОДО	1	AME (First, Middle, Maider	Sumame)	,		
THOMAS SPI	RIGGS							ELIZABET	H FF	RANK	LIN	
19a, INFORMANT'S NAME (Type/Print)			19b. MAILING	G ADDRES	S (Street s	and Number or Rum	I Route Number, City or Tov	vn Stata 2	Zin Code)		-
NAOMI PUI		Y						ANNAPOLI			1401	- 2
20s. METHOD OF DISPOSIT	TION	-	20b PI	ACE AND OAT					, ,	100	Town, State	
KBurlel 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other	on 3 🗆 Rem	oval from State		L CEM			1	7 - 1 -			MD. 2	1 4 0
21. SIGNATURE OF FUNERA		CENSEE	_ Intr	E CEM				14141				
7		HO						FACILITY 821 W	FOI	51.	MD. MAI	OLI
Lar	ry/	4 /36	else			REES	SE & SC	NS MORTU	ARY,	Ρ.	Α.	
23. PART I. Enter the d	liseaers, or	complications th	at coused th	a death. Do	not ante	r the mo	de of dying, su	ch as cerdlec or reep	oiretory e	rrest,	Approxi	
IMMEDIATE CAUSE (FI		List only one ca	use on each	line.							Interval Onset s	
disesse or condition_	→	ASPI	RATIO	N Pr	NEU	ma	ALLA					
resulting in death)		S. ASPI	O (OR AS A CO	NSEQUENCE C	OF):	11.10	19174				_	
		HVP	0000	// Em i							İ	
Sequentially list condition		DUE TO	OG XX	NSEQUENCE C)F):						1	
if any, leading to imme causa. Enter UNDERLY	ING											
CAUSE (Disease or Injuthet initiated events	ury	DUE TO	OR AS A CO	NSEQUENCE C	DF):			-				
resulting in death) LAS	ST T											
	_	d										
PART II. Other signific	ent conditio	ns contributing to	o death but i	not resulting	in the u	nderlyin	g ceuse given l		N AUTOPS	Y 24	Ib. WERE AUTOPSY	
ALZHE	MERS	DISEA	SE	CRF				1 _ YES			COMPLETION O	
			,								1 YES 2	1 NO
				-		100						,
25. WAS CASE REFERRED 1	TO MEDICAL					28. P	LACE OF DEATH (C	Check anty one)	_			
EXAMINER?		HOSPITAL:			OTHE	R:						
27. MANNER OF DEATH		1 Sinpatient 2		28b. Til				6 Other (Specify)	IN HIEW O	0011050		
	Pending		Day, Year)		JURY	W	JURY AT DRK?	28d. DESCRIBE HOW	INJUNT C	CCUMED		
2 Accident	Investigation	40 - 40 - 1	A-111111				YES 2 NO	1				
3 Sulcida 8 4 Homicida	Could not be determined	26a. PLACE building	OF INJURY — , atc. (Specify)	At home, farm,	street, fac	ctory, offic	•	281. LOCATION (Street City or Town, State	and Numb	ber or Rura	i Route Number,	
29e. CERTIFIER 1 CER	TIFYING PHYS	SICIAN; To the bast	of my knowlede	e, death necur	red at the	time, date	and place, and 4	ue to the cause(s) and ma	enner en e	tated.		
(Original Oriny								ne time, data and place, a			e(a) and manner a	a stated.
29b. SIGNATURE AND TITL	E OF CERTIFIE	ER .					29c. LICENSE N	UMBER	29d. D	ATE SIGNE	ED (Month, Day, Ye	ar)
DEVE	TTEN	m.D.	per.				SINA!	HOUSE STAF		,		
	spille.						1		1	1		

HOSPITAL .

SINAI

32. REGISTRAR'S SIGNATURE

Davidson

TENERAL PROPERTY

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

15

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - REGISTRAR		CE	RTIF	CATE O	F DEATH	REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)		74.7				2. DATE OF DEATH		3. TIME OF	DEATH
William H	•	Baldw:	in			MONTH 2	9 9.	f 6:11	L Рм
4. SOCIAL SECURITY NUMBER	5. SEX 6.	. AGE (In yrs. last		IF UNDER 1 YEA		7. DATE OF BIRTH	8.5	BIRTHPLACE (State	or Foreign
215-09-4628A	1 🛣 M 2 🗆 F	84	YAS.	MONTHS DAY	8 HOURS MIN.	1-1-07		arylan	đ
9a. FACILITY NAME (If not institution, give at	set and number)			9b. CITY, TOW	N OR LOCATION OF	PEATH	9c. COUNTY	OF DEATH	
Memorial Hosp	oital At	East	on	Eas	ton		Talbo	ot	
10a. STATE 10b. COUNTY			10c, CITY	, TOWN OR LO	CATION			10d. INSIDE	CITY
Maryland Tal	bot		Ea	ston				1 TYES	7
10e. STREET AND NUMBER	n a				10f. ZIP CODE 21601		10g. CITIZEN	OF WHAT COUNT	RY?
27856 Waverly	12 WAS DECEDENT S	VED IN U.S. ADI	NEO	42 Whe		NIC ORIGIN? (Specify Ye	-		4 - 44
1 Never Married 2 X Merried 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE WAR	YES 2 TH	10	If yes	specify Cuban, Maxic YES 2 X NO Spec	an, Puarto Rican, atc.)		RACE — American Black, White, atc. Specify: White	i indian,
15, DECEDENT'S EDUC	ATION	16a. DE	CEDENT'S	USUAL OCCUP	ATION	16b. KIND OF BU			
(Specify only highest grade (Elementary/Secondary (0-12)	College (1-4 or 5+)	(Gi	tve kind of w Do NOT use	ork done during a retired.)	most of working				
12	2	AC	COUR	tant					
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First, Middle, Malden	Surname)		
Francis Baldw	in				Elsie	Pickett			
19a. INFORMANT'S NAME (Type/Print) Helen C. Baldw	in					Route Number, City or Tow			
20a. METHOD OF DISPOSITION 1 Burial 2 XCremetion 3 Remo		20b. PLACE	ANO OATE	OF OISPOSIT	ON (Nama	OATE 20c, LC			
1 Durial 2 Cremation 3 Remo	val from State	of cemetary, Salis	bury	or other place) Cren	natory	8-30 Sa		West Property	
21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	13.14		22. NAME	ANO ADORESS OF F	eral Home			
→ 515.00 B	MER	500	.)			rison St.		ton M	n
23. PART I. Enter the diseases, or c									oximata
ahock, or haart fallure. I	lst only one cause	on aach lina		ot untar tria	moda or dying, ad	cii aa cardiac or reap	metory arreat,	Intarv	ral Between
IMMEDIATE CAUSE (Final disease or condition resulting in death)	MASSIV	ECV.	AV	15 A	Rettyn	A	TIL	IUL- JA	t and Deeth
	DUE TO (OI	R AS A CONSEC	DUENCE OF):					
Sequentially list conditions,		R AS A CONSEC	NIENOE OF						
if any, leading to immediata cause. Enter UNDERLYING	002 10 (0)	H AS A CONSEC	DUENCE OF);					
CAUSE (Disease or injury that initiated events	DUE TO (O	R AS A CONSEC	DUENCE OF	n:					
reaulting in death) LAST				,-				ĺ	
	*								
PART II: Other significant conditions	contributing to de	ath but not r	eaulting is	n the underl	ying cause given i	Part I. 24s. WAS AP		24b. WERE AUTOI AVAILABLE P	
HTO DEATHS	EN OVA		11	-11		1 U YES	V	COMPLETION OF DEATH?	
#10 HI 6	episopic	5 6019	ME	HCAT	- SULL		/	1 / /ES :	2 🗆 NO
		U						NA	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				. PLACE OF DEATH (C	theck only one)			
1 🗀 YES 2 🗖 NO	1 Inpatient 2 VE	R/Outpetient 3	□ DOA	OTHER:	Home 5 🗆 Residence	6 Other (Specify)			
27. MANNER OF DEATH	26s. DATE OF IN. (Month, Day,	JURY Year)	26b. TIME	E OF 28c.	INJURY AT WORK?	28d. DEŞCRIBE HOW	INJURY OCCUR	ED	
1 Natural 5 Pending 2 Accident Investigation				M 1	YES 2 NO				
3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF II building, etc	NJURY — At ho c. (Specify)	me, farm, s	treet, factory, (offica	26f. LOCATION (Street City or Town, State	and Number or F	Rural Route Number,	1
29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of m	v knowledge de	ath occurre	d at the time	data and place, and d	re to the cause(e) end ma	anner en eleted		
						e time, data and place, a		evec(a) and manne	r as stated.
296. SIGNATURE AND TITLE OF CERTIFICA				14.6	29c. LICENSE N				
Cui Loll	10 11				MR SZ	259	DA A	TO HE I	mat)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITE	M 27) (Type,	Print)	1000	1	-0/	-7/11	
KOHAT, O'	BEFE,	MD.	6	16 K	TCHUML	s lang	, BA	siou 46 z	2/60/
31. DATE FILED (Month, Day, Year) SFP 0.3 1991	32. REGISTRAR		andate						

at once.

		. Pages 1, 2, 1	
240	ofivsician.	TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
	pital or attending	ed for use as the	
	etained by the hos	should be detach	ntitled at once
	VDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ral director, page 5	marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at name
	Hours after death	lled in by the fune 3, or removal.	e medical exam
	executed within 24	and completely fi	matic event, the
	eath certificate be	RP: After this certificate has been signed by the attending physician and completely filled in by the fuser death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or remoral.	y, or other traus
	requires that the d	of Health and Mer	shows any injur
	YSICIAN: The law	s certificate has be th the State Dept.	id, or item 23 s
	R ATTENDING PHY	RECTOR: After this urs after death with	m 28 is marke
	TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: be filed within 72 hours after	MPORTANT: It item 28 is

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC	MENT OF H	EALTH AND DEATH	MENTAL HYGIE		1 2	562	8
	1. DECEDENT'S NAME (First, Middle, Last	D)				2. DATE OF DEATH		3. TII	ME OF DEAT	Н
	JAMES		WADE	CARU	THERS	09 0		9 1 4	:10	D M
1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE		-
)	215-20-0967	1 M 2 F	74 YRS.	ONTHS DAYS	HOURS MIN.	3-31-17		Country) PERRYV	TITE	МО
/_	9e. FACILITY NAME (If not institution, give	street and number)	9	b. CITY, TOWN C	R LOCATION OF	DEATH		Y OF DEATH	Thirt,	MO
DIRECTOR	PENINSULA GEN			SALI	SBURY		WIC	WICOMICO		
R	10e. STATE 10b. COUN		10c. CITY,	TOWN OR LOCAT	ION				INSIDE CITY	
		E ARUNDEL	AN	NAPOLIS					YE\$ 2 1	NO
FUNERAL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEI	N OF WHAT C	OUNTRY?	
NE	307 MEARS COU				21401			U.S.A.		
BY	11. MARITAL STATUS 1. Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EYER IN FORCES? 1 XYES IF YES, GIVE WAR OR DA NAVY	2 NO	If yes, spe	ENDENT OF HISPA ecity Cuben, Mexic X NO Speci	NIC ORIGIN? (Specify) an, Puerto Ricen, atc.) lly:	aa or No — 14	RACE — Arr Black, White Specify:	e, atc.	n,
8	15. DECEDENT'S ED	UCATION	18e. DECEDENT'S US	BUAL OCCUPATION)N	16h, KIND OF B	USINESS/INDUS	WHI	TE	
Ä	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wor life, Do NOT use i	k done during mo: retired.)	st of working					
AP.	12 YEARS	4 YEARS	TEACHE	R		EDITO	ATION			
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N.	AME (First, Middle, Meide				
BE (DR. T.J. CARUTH	ERS				DICKSON K		י א סוודט	FDC	
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AI	DDRESS (Street a	nd Number or Rural	Route Number, City or To	Wn State Zin Co	orie)	EKS	
5	DAVID WADE CARU	THERS				OUSE RD. L			2108	0
	20a. METHOD OF DISPOSITION 1/A. Burlel 2 Cremetion 3 Ren	206.	PLACE AND DATE OF	DISPOSITION / Na	me of		OCATION — City			0
	4 Donetion 6 Other (Specify)		etery, crematory or other WICOMICO	MEMORIA	L PARK		LISBURY			
	21. SIGNATURE OF FUNERAL BERVICE L	CENSTE		22. NAME AN	D ADDRESS OF FA	ACILITY		,	LLIND	
	Hoton. L	Lalla van	1			NERAL HOME				
\neg	23. PART I. Enter the diseesea, pr	complications that caused	the death Do not	1 501 S	NOW HILI	L RD. SAL	ISBURY,	, MD	21801	
	ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	AVU	constituence of):	/	ries	in all certified by rea	piratory arreat	1	Approximatinterval Bet Onset and	tween
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):									
	PART II. Other algnificant condition	na contributing to death be	tt DDt resulting in t	the underiving	Cauca alven la	Don't las man				
PHYSICIAN: MEDICAL				and underlying	N AUTOPSY PRMED? 2 NO	AVAILA COMPL OF DEA	AUTOPSY FINI BLE PRIOR TO LETION DF CA ATH? TES 2 - NO	USE		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL/	ACE OF DEATH (Ch	reck only one)				
Si	1 X YES 2 □ NO	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outpa		THER:	5 🗆 Residence	8 Other (Specify)				
到	27. MANNER OF DEATH	28a, DATE OF INJURY (Month, Day, Year)	26b. TIME O	F 28c. INJU	IRY AT	28d. DESCRIBE HOW	INJURY OCCUR	EO		-
BY	1 Natural 5 Pending 2 Accident Investigation	09-01-1	99 3:20			DRIVER	TNI AI	חיים		
	3 Suicide 8 Could not be	28a PLACE OF INJUDY	- At home, form, etc.		21	28f. LOCATION (Street	and Number or F		mber.	
COMPLETED	4 Homicide determined			MD RO	UTE#54	U.S.RO)			DE 4
٦ ا	29a. CERTIFIER Check only	ICIAN: To the best of my knowle						J MD.	ROUT.	E 3 4
Ž I	MEDICAL EXAMINI	ER: On the basis of examination	and/or investigation, is	n my coinion, de	sth occured at the	time date and place a	nner as stated.		usa 5/7-000	
20h OCALITHEE AND TITLE OF GENERAL									ted.	
8	(GIAN	os Vo IN	1)		29c. LICENSE NUI		29d. DATE SIG			
임	30 NAME AND ADDRESS OF PERSON WI	TO COMPLETED CAUSE OF DEA	TH (ITEM 27) (3 2)		0.C.	M.E.	09-	-02-1	991	
	J. LARON LX	EK MW 11	1 PENN S		BALTI	MORE, MAR	YLAND	2120	1	
0	31. DATE SEP (Manif. Dagger)	JUNA DAMAGON	Mandall.							

5		-
5		must
3		xaminer
No. of the second of the secon	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	s marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must it
	ation.	the
	I. crem.	event,
	pnuja o	natic
	nonc ti	traur
	giene I	other
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	Menta	njury,
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	leath	mar
	0	60

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTM	ENT OF HE	ALTH AND	MENTAL		21	23023		
	1. DECEDENT'S NAME (First, Middle, Last) GWYNETTE T	THOMPSON CARUTHERS				2. DATE OF DEATH WONTH DAY A SEAR 3. TIME OF DEATH					
	041-38-6029	6. AGE (in yrs. les				(Month, I	Day. Year)	8. BIRTH Countr	PLACE (State or Foreign y)		
BO	9a. FACILITY NAME (If not institution, give stree PENINSULA GENE		9b.					COUNTY OF D	EATH		
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY										
DIRECTOR	MD ANNE	ARUNDEL		NAPOLIS	THERS O DAY 1954 4:10 PM DERIYEAR FUNDER 24 INS. 7. DATE OF BINTH (Month, Day Ward) B ONLY HOURS MIN. 7. DATE OF BINTH (Month, Day Ward) 8 - 23 - 17 TITY, TOWN OR LOCATION OF DEATH SALISBURY SALISBURY SC. COUNTY OF DEATH WICOMICO NOR LOCATION APOLIS 106. PRIDE CITY LINES? 1 VES 2 NO 106. INSIDE CITY 1 VES 2 NO 106. INSIDE CITY 1 VES 2 NO 106. CITIZEN OF WHAT COUNTRY? U.S. ALISBURY U.S. ALISBURY 106. CITIZEN OF WHAT COUNTRY? U.S. ALISBURY WHITE COCUPATION 108. MOTHER'S NAME (First. Middle, Malclan, Summers) LOLA CHARLES THOMPSON 108. MOTHER'S NAME (First. Middle, Malclan Summers) LOLA CHARLES THOMPSON 108. S(Street and Number or Rural Route Number, City or Rown, State, Zip Code) ACKER SCHOOL HOUSE RD. LINEBORO, MD 21088 OSITION (Name of O) OATE 200. LOCATION - City or Town, State 300RIAL PARK 9-6 SALISBURY, MARYLAND 2. NAME AND ADDRESS OF FACILITY HOLLOWAY FUNERAL HOME 501 SNOW HILL RD. SALISBURY, MD 21801 APPROXIMATE OTHER STANDARD ADDRESS OF FACILITY HOLLOWAY FUNERAL HOME 501 SNOW HILL RD. SALISBURY, MD 21801 APPROXIMATE OTHER STANDARD ADDRESS OF FACILITY HOLLOWAY FUNERAL HOME 501 SNOW HILL RD. SALISBURY, MD 21801 APPROXIMATE OTHER STANDARD ADDRESS OF FACILITY HOLLOWAY FUNERAL HOME 501 SNOW HILL RD. SALISBURY, MD 21801 APPROXIMATE OTHER STANDARD ADDRESS OF FACILITY HOLLOWAY FUNERAL HOME 501 SNOW HILL RD. SALISBURY, MD 21801 APPROXIMATE 1 YES 2 NO 286. INJURY AT 286. OSSCRIBE HOW INJURY OCCURED 1 YES 2 NO 286. INJURY AT 286. OSSCRIBE HOW INJURY OCCURED 1 YES 2 NO 286. INJURY AT 286. OSSCRIBE HOW INJURY OCCURED 286. INJURY AT 286. OSSCRIBE HOW INJURY OCCURED 287. COCKETY OF THE ADDRESS OF FACILITY 1 YES 2 NO 288. COCCURATION (STREET AND OF BUSINESS AND OTHER AND OT						
FUNERAL	10e. STREET AND NUMBER			10f. Zi	P CODE		100	J. CITIZEN OF W	HAT COUNTRY?		
NE	307 MEARS COURT										
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. AR FORCES? 1 ☐ YES 2. ☐ N IF YES, GIVE WAR OR DATES	NEO	It yes, specif	y Cuban, Maxic	en, Puerto Ric	(Specify Yes or N en, etc.)	Black Spech	y:		
三	15. DECEDENT'S EDUCAT (Specify only highest grade col		CEOENT'S USU	AL OCCUPATION	d warding	18b, K	IND OF BUSINES		LIB		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	EACHER	ired.)	Worlding		EDUCAT	ION			
Ö	17. FATHER'S NAME (First, Middle, Last)			10	. MOTHER'S N	AME (First, Mid	dle, Maiden Surna	ime)			
BE	OLLIE HAMMOND THO		LOLA C	HARLES	S THOMP	SON	DEATH I I CO 10d. INSIDE CITY LIMITS? 1 YES 2 NO WHAT COUNTRY? A. E.—American Indian, K, Whita, etc. 1/1/ I TE MD 2 1088 WMN, Stata MARYLAND D 2 180 1 Approximats Interval Between Onset and Dasth WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE				
0	19a. INFORMANT'S NAME (Type/Print)				IS Off. ZIP CODE 2 14 0 1 U. S. A. CENDENT OF HISPANIC ORIGIN? (Specify Yes or No—psecify Cuban, Markcan, Puerto Ricen, etc.) S 2 X NO Specify: WHITE ION 18b. KIND OF BUSINESS/INDUSTRY EDUCATION 16. MOTHER'S NAME (First, Middle, Maiden Surname) LOLA CHARLES THOMPSON and Number or Rural Route Number, City or Town, State, Zip Code) R SCHOOL HOUSE RD. LINEBORO, MD 2 1088 Islame of OATE 20c. LOCATION — City or Town, State AL PARK 9-6 SALISBURY, MARYLAND IND ADDRESS OF FACILITY LOWAY FUNERAL HOME SNOW HILL RD. SALISBURY, MD 2 180 1 Ode of dying, such as cardiec or respiratory arrest, Interval Between Onset and Dasth						
	DAVID WADE CARUTHE										
	20a, METHOD OF DISPOSITION 1 \(\tilde{\Delta} \) Burlel 2 \(\tilde{\Delta} \) Cremation 3 \(\tilde{\Delta} \) Remova		matory or other p	lacel		OATE	20c. LOCATIO	N — City or Tor	wn, Stata		
	4 Donation 5 Other (Specify)	WICO	MICO MI				SALI	SBURY,	MARYLAND		
	· 200m. 14	elloway		HOLLOW 501 SNO	VAY FUN	ERAL I	SALISB	URY. MI	2 180 1		
	23. PART I. Enter the diseases or complications that caused the death De and acts to										
	iMMEDIATE CAUSE (Final disease or condition resulting in desth)	DUE TO (OR AS A CONSEC	e J	Mu	res						
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A CONSEC	DUENCE OF):								
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR AS A CONSEQUENCE OF):									
	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert i. 24a. WAS AN AUTOPSY FINDINGS										
MEDICAL							PERFORMED?	0	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF OEATH?		
PHYSICIAN: MEDI											
	HOSPITAL: OTHER:										
	27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatient 3X DOA 4 Nursing Home 5 Residence 6 Other (Specify)									
	1 Natural S Pending	(Month, Day, Year) INJURY WORK?						ESCRIBE HOW INJURY OCCURED			
B	Accident Investigation	09-01-1991	3:20r) -	2 NO						
	4 Homicide B Could not be detarmined	City or Town, State)									
COMPLETED	U.S ROUTE#50-MARYLAND RT#56 U.S. RT.#50 -MD. RT.54										
₹ I	(Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated,										
	29b. SIGNATUSE AND JITLE OF CENTINER	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the ceuse(a) and manner as stated.									
TO BE	/ Caunto	the M)		O.C.M.			09-02-	Month, Dey, Year) - 1991		
	JELFEN WIKE			TREET	BALTIM	IORE,N	MARYLA:	ND 212	201		
U	SEP 05 '91	# REGISTRAR'S SIGNATURE	ndell								

٠,

31. DATE FILEO (Month, Day, Year)
SFP U 4 '91

SFP U4

32 REGISTRAR'S SIONATURE

who Davidson

Randolle

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	16		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s mous after death. Page 6 may be retained by the hospital or attending physician.	*	(
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burdal-transit permit. Pages 1, 2. Should be detached for use as the burdal-transit permit. Pages 1, 2. Should be detached for use as the burdal-transit permit. Pages 1, 2. Should be detached for use as the burdal-transit permit. Pages 1, 2. Should be detached for use as the burdal-transit permit. Pages 1, 2. Should be detached for use as the burdal-transit permit. Pages 1, 2. Should be detached for use as the burdal-transit permit. Pages 1, 2. Should be detached for use as the burdal-transit permit.	Pages 1, 2, 34	ponid	_
be find within 12 hours after death with the State Dept. or regain and whethat regions print to be made a control of them 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	Keniji	P	-

REG. NO 2. DATE OF DEATH DAY 1. OECEOENT'S NAME (First, Middle, Last) 3. TIME OF DEATH COLLINS, SR. ARTIE Μ. 1991 AUGUST 29, 7:15 A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign JUNE, Day, Year) 219-07-9719 11 M 2 | F YRS. 28, 1909 WESTOVER, MD. 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 90, COUNTY OF DEATH SOMERSET WESTOVER DIRECTOR BOX 214 RESIDENCE OF DECEDENT 10h. COUNTY 10c, CITY, TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY WESTOVER SOMERSET MD. 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101 ZIP CODE 21871 BOX 214 USA 13. WIAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—if yee, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 14. RACE — American Indian, FORCES? 1 X YES 2 1 Never Merried 2 Merried BY 3 Widowed 4 Divorced BĽACK ETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of life. Do NOT use retired.) 165. KIND OF BUSINESS/INDUSTRY 2nd, YR. Elementary/Secondary (0-12) PENN. RAILROAD RETIRED COMPL 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, rst, Middle, Maiden Surname) LOTTIE GORDY **GEORGE** COLLINS 띪 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 2 ADDRESS SAME AS ABOVE. MARIAN COLLINS 20e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or UNITED CHURCH OF THE LORD JESUS 20c. LOCATION — City or Jown, State
WESTOVER H. SIGNATURE OF FUNERAL SERVICE LICENSEE 22 JOLLEY MEMORIAL CHAPEL, RTE. 2, BOX 920 sulla 21801 SALISBURY, MD. 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Daath IMMEDIATE CAUSE (Finel nostate disease or condition resulting in deeth) COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evants resulting in death) LAST PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 TYES 2 T NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Oulpatient 3 | DOA OTHER: 1 TES 2 NO 4 - Nursing Home 5 Residence 6 - Other (Specify) 26e. OATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 26c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Naturel 5 Pending 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — Al home, lerm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the lime, date and piece, end due to the ceuse(a) end menner se atsted. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the ilms, date and place, and due to the cause(s) and menner se stated. 295. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year) B > 3/4/ P Fleury Ms 9 30. NAME AND AGORESS OF PERSON WHO COMPVETED CAUSE OF DEATH (ITEM 27) (Type, Print) RIVERSIDE 560 DA Suite 204 A SALISBURY

· (d)

TO BE COMPLETED BY FUNERAL DIRECTOR

1	-	FOR STATE REGISTR	AR
I	1. D	ECEDENT'S	NAME (FI
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4 DECEDENTIS MANUE OF LANCE			RTIFICA	IL OI	DEATH		REG. NO.				
1. DECEDENT'S NAME (First, Middle, Lest)						2. DATE	OF DEATH			TIME OF DEAT	Ή
KYUWON CHAE						SEP		7 YEA 1991		:00	F
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest b	irthday) IF UN	IDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH			CE (State or Fo	_
219 19 2778	1 ☑ M 2 ☐ F	. 69	YRS. MONT			(Month	h, Day, Year)	C	ountry)		- ungin
2 10 200	41	, 0)					16 19		<u>DREA</u>		
9a. FACILITY NAME (If not institution, give	HILL CONTRACTOR		9b. C	CITY, TOWN	OR LOCATION OF D	EATH		9c. COUNTY C	F DEAT	Н	
NATIONAL NAVAL ME	EDICAL CENT	ER	В	ETHE	SDA			MONTGO	MER	Y	
RESIDENCE OF DECEDENT											
10e. STATE 10b. COUNT	IY .		10c. CITY, TOW	VN OR LOC	ATION				10	d. INSIDE CITY LIMITS?	'
MARYLAND HOWAR	RD.		ELLIC	OTT	CITY				1	YES 2	NO
10e. STREET AND NUMBER					IOI. ZIP CODE			10g. CITIZEN (OF WHA	T COUNTRY?	
8761 TOWN & COUNT	RV BOILEVA	PD #C			21043			MODE			
11. MARITAL STATUS	12. WAS DECEDENT E		ED T		ZIU43 ECENDENT OF HISPA	NIC OBIGIN	17 (Specify Ves	KORF		American Indi	
1 Never Merried 2 Merried	FORCES? 1	YES 2 NO		If yes, a	specify Cuben, Mexic	en, Puerto I				Americen Indi hite, atc.	,
3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR	OR DATES		1 [] YE	ES 2 NO Speci	ly:		S	pecify:	בוים אינוני	
15. DECEDENT'S EOL	IICATION .	10- 0505	DENT'S USUA		71041	Lini				WHITE	
(Specify only highest grad	le completed)	(Give	kind of work do	one during r	most of working	160	KIND OF BUS	INESS/INDUSTR	IV.		
Elementary/Secondary (0-12)	College (1-4 or 5+)	100									
12			Farmer								
17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S N	AME (First, A	Middle, Maiden S	Surneme)			
Heesoon	Chae				Shin						
19a. INFORMANT'S NAME (Type/Print)		19b. I	MAILING ADDR	RESS (Street	t and Number or Rural	Route Numi	ber, City or Town	, State, Zin Code)		
Kwonsuk Chae							•				_
Martin Of Concession	-				STREET. #	_	- T				5
20e, METHOD OF DISPOSITION 1 N Buriel 2 Cremetion 3 Ren	moval from State	of cemelary, cr	NO OATE OF O		N (Name	OAT	E 20c. LOC	CATION — City of	r Town,	State	
4 Donation 5 D Other (Specify)		SAINT .	TOHNS	CEMET	TARY		ELLI	COTT C	ITY	. MD	
21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE /			22. NAME	AND ADDRESS OF FA	ACILITYH	ARRY H.	WITZK	E		П
► 7/a	2/1/7	100		41.	12 OLD CO	LUMB	IA PIKE	2			
23. PART I. Enter the disease or	M. Will	ske		ELI	LICOIT CI	TY, I	MARYLAN	ND 2104	3		
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initieted events											
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	OUE TO (OF	AS A CONSEOU									
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1		STATE REGISTRA	AR
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last) NEVA VOSS CLAYPOOL 4. SOCIAL SECURITY NUMBER 173-28-7276 1 □ M 2 ☒ F 55 9a. FACILITY NAME (If not institution, give atreet and number)	lest birthday)	IF UNDER		IF UNDER 24 HRS.	2. DATE OF MONTH 9 7. DATE OF	DAY 2	1991	3. TIME OF DEATN 1:00 p	
4. SOCIAL SECURITY NUMBER 5. SEX 173-28-7276 1 □ M 2 ☒ F 55				IF UNDER 24 HRS.	7. DATE OF				
173-28-7276 1□ M 2 🖾 F 55				IF UNDER 24 HRS.			6 8493		
On EACH ITY NAME /// not inetitution, then street and number)		MONTHS	DAYS	HOURS MIN.	March	12, 1	Cour	THPLACE (State or Foreign stry) ennsylvania	
and transfer to the first transfer, grad direct and number)		9b. CITY	, TOWN C	R LOCATION OF			c. COUNTY OF		
116 E. Pennington Street		0a	akla	nd			Garre	tt	
10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN C	OR LOCAT	ION				10d. INSIDE CITY	
Pa. Armstrong	No	rth	Buff	alo			LIMITS?		
10e. STREET AND NUMBER			101	. ZIP CODE	10g. CITIZEN O			WHAT COUNTRY?	
Rt. 4			1	6201	USA				
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS OCCEDENT EVER IN U.S. FORCES? 1 YES 2 FORCES? 1 YES 2 FORCES?	YES 2 NO			13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 YES 2 NO Specify:			Black, White, etc. Specify:		
15. DECEDENT'S EDUCATION 164. DECEDENT'S USUAL OCCUPATION 166. KIND OF RUSINESS/I							ESS/INDI ISTBY	White	
(Specify only highest grade completed)	(Give kind of a life. Do NOT us	work done i	during mo	st of working	100, 10	IND OF BOSIN	ESSANDOSTRI		
	Housek	eepe	r			Dome	stic		
17. FATHER'S NAME (First, Middle, Last)		1		16. MOTNER'S I	AME (First, Mid				
Fred Claypool				01i		rtrude		man	
	19b. MAILING	ADDRESS	S (Street a	nd Number or Plure					
Robert Claypool	Rt.			anning,			., ., ., .,		
20a. METHOD OF DISPOSITION 20b. PLAC	CE OF DISPOS			netery, cremetory of			TION — City or	Town, State	
	e Lich						uffalo,		
21. SIGNATURE OF THEFTAL SETTING LICENSEE MOOT	167			T Fun or			O. Box	243 Md. 21550	
a. Cerebral Ano	SEQUENCE O		iden	t				Minutes	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	sequence of	Dise						Unknowr	
PART II. Other aignificant conditions contributing to death but no	ot resulting	In the ur	nderlyln	g cause given i	n Pert I. 2	4s. WAS AN AU		Ib. WERE AUTOPSY FINDIN	
					_ 1	☐ YES 2X	NO	OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL			26 PI	ACE OF DEATH (thack naturana)				
EXAMINER? 1 Y YES 2 NO NO PITAL: 1 Inpetient 2 ER/Outpetient	2 🗆 204	OTHER	R:		,				
27. MANNER OF DEATN 1 X Netural 5 Pending 28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	-	28c. INJ WO	PHC?			URY OCCURED		
2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At building, atc. (Specify)	home, farm,	M 1 YES 2 NO 1e, farm, street, factory, office 28f. LOCATION (Str. City or Town, S					l Number or Rura	I Route Number,	
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as attend. MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner									
290. SIGNATURE AND TITLE OF CERTIFIES	//		+	294 LICENSE N	UMBER	1 2	9d. DATE SIQNE	ED (Month, Day, Year)	
14 14 11 11	Sec.	My	4	D 056	58			ember 2,199	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (76/20	Print)							
Herbert H. Leighton, M.D., Oak (31. DATE FILED (Month, Day, New)	5th		ets,	0aklan	d, Mar	yland	21550		

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attended	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as be filed within 72 hours after death with the State Dept. of Health and Mental Hybiene prior to burial, cremation or semonal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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1. DECEDENT'S NAME (First, Middle, Last)				OAIL	OF	DEATH	T 2 DA	REG. N	D			
SUSAN	Clair	r		COLA			MON		DAY 1	YEAR Q Q 1	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER		s. AGE (In yrs. la		IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DAT	E OF BIRTN		991	1:00 a PLACE (State or Foreign	
161-44-0947	1 ☐ M 2 🖾 F 37 YRS.			MONTHS	ONTHE DAYS HOURS MIN.			(MORITI, Day, rear)			nsylvania	
9a. FACILITY NAME (If not institution, give a				9b. CITY, T	OWN OF	R LOCATION OF		,	_	NTY OF D		
GARRETT COUN'	TY HOSPI	TAL	_ 1	OAK	LAN	ID		GARRETT				
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	Υ		100 CITY	, TOWN OR	100171	-						
PA	Alleghen	37	102.011			burgh				- 1	10d. INSIDE CITY LIMITS?	
10e. STREET AND NUMBER	mileghen			1 1	_	ZIP CODE	_		10- 017	TEN OF M	1 K YES 2 NO	
3089 Texas Aven	iue				1	1521	6		iog. Cit	USA	NAI COUNTRY?	
11. MARITAL STATUS	12. WAS DECEDENT I	EVER IN U.S. A	RMED	13. WA	AS DECE	NDENT OF HISP		IN? (Specify Y	ns or No.		- American Indian,	
1 Never Married 2 Merried 3 Widowed 4 X Divorced	IF YES, GIVE WAR	YES 2 X	NO	li ji	yes, spec	city Cuben, Maxi 2 X NO Spec	can, Puert	Rican, etc.)		Black Specif	, White, etc.	
	<u> </u>								1	Ороси	White	
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(0	ECEDENT'S I	ork done dun	UPATION	of working	10	Sb. KIND OF BI	JSINESS/INC	DUSTRY		
Elementary/Secondary (0-12)	Cotlege (1-4 or 5+)		Do NOT use					,, .	0 1			
17. FATHER'S NAME (First, Middle, Lest)		P	ersona	al Mai				Hair		S		
Clarence		Holge	rson			18. MOTNER'S N	NAME (First	, Middle, Maide D .		220		
19a. INFORMANT'S NAME (Type/Print)				ADDRESS #	Street ac	d Number or Rura				ano	-	
Mary D. (Yano) Hols	person					n Drive					15332	
20a. METNOD OF DISPOSITION			ANDDATEO				, III		OCATION -			
1 St Burial 2 Cremation 3 Remo	ovet from State	cometery, cre	stead	Ceme	ter	v	1	6/91 H				
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			22. NA	ME AND	ADDRESS OF F	ACILITY		Onicot	cau,	111	
· Bralle D	2001	1		Si	tewa	art Fun	eral	Home			0.1770	
22 BART I Sales the disease	1, soul	an		1 1						MID	91550	
23. PART I. Enter the diseases, or cahock, or heart failure. I IMMEDIATE CAUSE (Final	Complications that c	aused the de on each line	aath. Do no	ot entar th	a mode	Secon	ch as ca	rdlac or reap	Diratory arr	eat,		
anock, or maint ranges.	a	R AS A CONSE	OUENCE OF	By C	Z S.	e of dying, au	Q St	o, Uak	Diratory arr	eat,	Approximata interval Batween	
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IMMEDIATE CAUSE (Finel

Sequentielly list conditions.

If any, laeding to immediate

29b. SIGNATURE AND TITLE OF CERTIFIER

Fiery

Dr.

disease or condition resulting in death)

Donation 5 Other (Specify)

21. SIGNATURE OF FUNERAL SERVICE LICENSEE

Kennettok

ahock, or heart fellure. List pnly one ceuse on each line

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) Hypo, Print)

Dorchester General Hospital

32. REGISTRAR'S SIGNATURE
Julia Davidson-Rendelle

1 -

DIREC

FUNERAL

Bγ

COMPLETED

2

notified at

2

Page

permit.

this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. must examiner medical the OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event, traumatic injury, or other shows any Item 23 10 28 is marked, After death FUNERAL DIRECTOR: A within 72 hours after de RTANT: If Item 28 is

MEDICAL CERTIFICATION

PHYSICIAN:

В

COMPLETED

H 9

HOSPITAL

TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: I

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FOR STATE REGISTRAR		STATE OF I	MARYLA			ENT OF H				YGIEN EG. NO.	_		
1. DECEDENT'S NAME (First,									2. DATE OF D				3. TIME OF DEATH
Marion (S. Kaal	🗴 Gran	vil1	e C	ook				109"	09	A.	9TAR	06:45a m
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In	yrs. last birt		INDER 1 YEAR	IF UNDER		7. DATE OF B (Month, Da			6. BIRTH Counts	IPLACE (State or Foreign
214-07-7	286	1X M 2 F	8	34 Y	rs. Mon	THE DAYS	HOURE	MIN.	10-0		906		yland
9e. FACILITY NAME (If not in	stitution, give st	reet and number)			9b.	CITY, TOWN	OR LOCATI	ON OF DE	ATH		9c. COL	INTY OF D	EATH
Dorchest		neral H	ospi	tal		Camb	ridg	е			Do	rche	ester
RESIDENCE OF DEC			-	100		and a later and							
Maryland	10b. COUNTY	chester		10	ic. CITY, TO	WN OR LOCA		ida	A				10d. INSIDE CITY LIMITS? XXYES 2 NO
10a. STREET AND NUMBER	DOI	CHEBUCI				Cambridge					TIZEN OF 1	WNAT COUNTRY?	
107 Hia	watha	Road						161	3		log. Gr	USA	
t1. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES OR DAT	2 NO		It yes, sp		ın, Maxica	NIC ORIGIN? (Sen, Puerto Ricer		or No—	14. RACI Blac Spec	E — American Indian, k, White, atc. My: White
15. DEC (Specify only	EDENT'S EDUC y highest grade	CATION		18e. DECED		AL OCCUPATION		na	16b. KIN	D OF BUS	BINESS/IN	DUSTRY	
Elementary/Secondary (0	1	College (1-4 or 5	+)	life. Do	NOT use reti	red.)	or or mona						
8 Years				Cu	stod	lian]	Post	of	fice	9
17. FATHER'S NAME (First, M	liddle, Last)						18. MOT	HER'S NA	ME (First, Middl	, Maiden	Sumame)		_
Herman	G. Co	ok					A	rth	ur Agı	nes	Whe	at1	ey .
19a. INFORMANT'S NAME (7	Type/Print)			19b. M/	AILING ADD	RESS (Street	nd Numbe	r or Rural i	Route Number, C	ity or Tow	n, State, Z	ip Code)	
Blanche	Mills	Cook		10	7 Hi	awat]	ha R	d.	Cambr	idge	e, M	id. 2	21613
20a. METHOD OF DISPOSIT 1 Buriel 2 Crematic 4 Donation 5 Other	n 3 🗆 Ramo	oval from Stata	20b.	other place)		N (Name of ce			Park			idae	own, Stata

22. NAME AND ADDRESS OF FACILITY

Locust

700

23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or realignment,

Terminal lung carcinoma

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

Thomas Funeral Home

Cambridge,

Md

21613

Approximate

interval Between

Oneet and Death

6 ma

St.

cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events reaulting in deeth) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 HO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 | Inpatiant 2 | ER/Outpatiant 3 | DOA me 5 - Residence 6 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28h TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY 1 Natural 1 YES 2 NO 2 Accident Investigation 28a. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Spec/ly) 3 Sulcide 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) Could not be 4 Homicide 29a CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(e) end manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated.

29c. LICENSE NUMBER

Cambridge MD

DHMH-16 Rev 1/89

29d. DATE SIGNED (Mopth, Day, Year)

Koully Is

e e

YEAR

3. TIME OF DEATH

21740

1250

2. DATE OF DEATH DAY

9

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

L.

Jack

(P)		5. SEX 6. AG		F UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year) FEB 23, 1	0.25 A.B.	RTHPLACE (State or Foreign punitry)
li:		9e. FACILITY NAME (If not institution, give stre		9		N OR LOCATION OF DE		9c. COUNTY C	
50. Za	CTOR	WASHINGTON RESIDENCE OF DECEDENT	COUNTY H	<u> IOSPITAL</u>	HAGE	RSTOWN		WAS	SHINGTON
permit. Pages	DIRE		SHINGTON		GERST	OWN			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
an. transit pen	FUNERAL	100. STREET AND NUMBER 55 SOUTH POTO!				21740		U	S.A.
21215-0020 al or attending physician. for use as the burial-transit	BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	R IN U.S. ARMED	If yes,	DECENDENT OF HISPAN specify Cuban, Maxical (ES 2 X NO Specify	n, Puerto Ricen, etc.)	-	RACE — American Indian, Black, White, etc. Specify: WHITE
	PLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12) 12	College (1-4 or 8+)	16a. DECEDENT'S US (Give kind of wo life. Do NOT use HANDIC	rk done during retired.)	most of worlding	16b. KIND OF BU	SINESS/INDUSTI	ay .
MARYLAND 2- retained by the hospital of 5 should be detached for notified at once.	BE COMPL		ANKLIN	COFFMAN		LILL		AIR	GROVE
	2	19a. INFORMANT'S NAME (Type/Print) DONNA L. MOA	rs	83 W.	WASH		T., HAGER	STOWN	MD. 21740
BALTIMORE, er death. Page 6 may be the funeral director, page val.		20e. METHOD OF DISPOSITION 1 M Buriel 2 Cremetion 3 Remove 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL, SERVICE LICE		ROSE "HILL	Lothe C'EN	ETERY 9-	18-91HAG	CATION — CITY I	, WASHINGTON, N
		* R. Kacl	Brade		AND		FFMAN FU		HOME, INC.
. BOX 68760, frate be executed within 24 Traurs physician and completely filled in the prior to burial, cremation, or rener traumatic event, the median	CERTIFICATION	23. PART I. Enter the diseases, or concluded the concluded	DUE TO (OR A	n aach line.		WWWWW	,		Approximate Interval Batween Onset and Daath
RECORDS, P. requires that the death of been signed by the attend it. of Health and Mental Hishwar any Injury, or	CIAN: MEDICAL CERT	PART II. Other eignificent conditions Segue 6 January 1	contributing to deat	but not resulting in	the underl	ying couse given in	Part I. 24e. WAS AN PERFOI 1 TYES :	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
二年 報 書	SICIA	25. WAS CASE REPERRED TO MEDICAL EXAMPLES 2 1 NO	HOSPHAL:	Outpetient 3 DOA	OTHER:	N. PLACE OF DEATH (Ch.			
O 5 5 5 5	BY PHYSI	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUI (Month, Day, Yea		RY	INJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	0
DIVISION OR ATTENDING I DIRECTOR: After hours after death item 28 is man		3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (5	URY — A1 home, farm, str Specify)	eel, factory, o	office	28f. LOCATION (Street City or Town, State	and Number or R	ural Route Number,
로 보고 보	COMPLET	anal		nowledge, death occurred ation and/or investigation,					use(s) and manner as stated,
TO THE HOSPI TO THE FUNER be filed within	BE	296. SIGNATURE AND TITLE OF CERTIFIER	W MD			D 36	655	284. DATE SIC	NED (Month, Day, Year)
		30. NAME AND ADDRESS OF PERSON WHO SAMUEL CHAN	MD 118	5 MT. AE		OAD, HAG	ERSTOWN,	MARYI	AND 21740
		31. DATE FILED (Month, Doy, Your)	Julia David	Son-Randell					

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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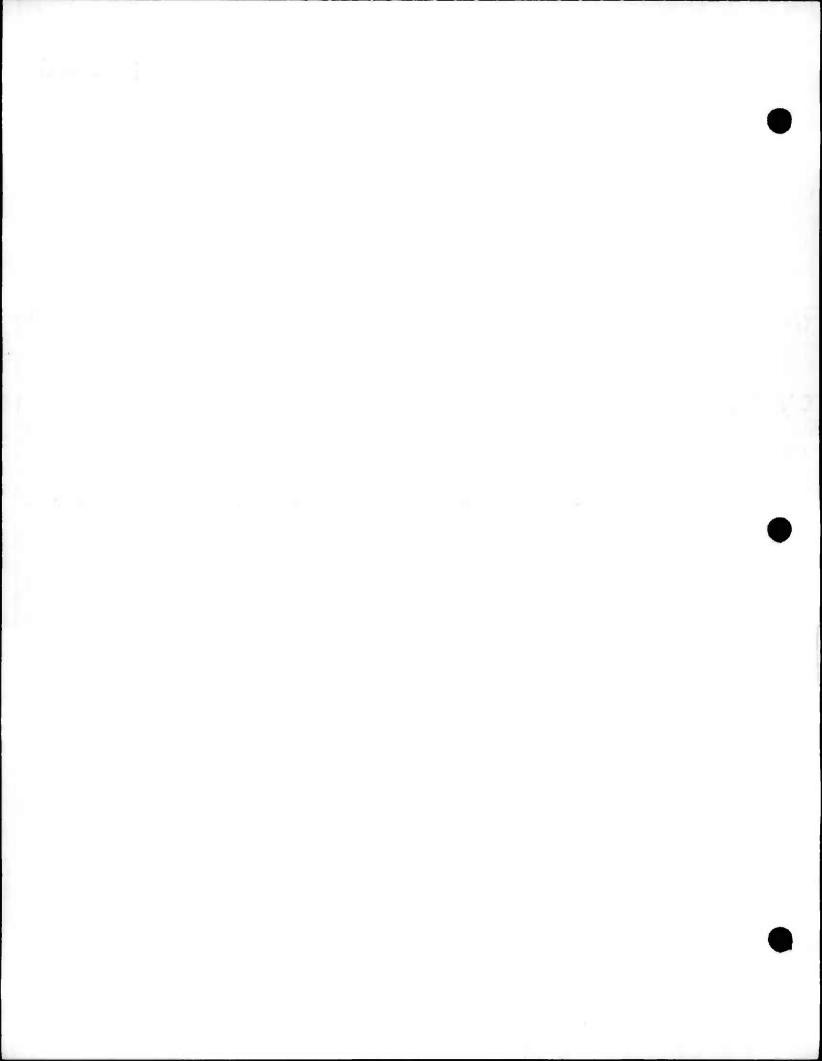
DHMH-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 months and beath. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 7, 2, 3 at filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
TRAR	CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR	TATE OF MARYLAI	ND / DEPAR					ENTAL HYGIENI REG. NO.	Ē			
	1. DECEDENT'S NAME (First, Middle, LeTREN Julia I. C	NE UNNINGHAM					2	DATE OF DEATH DAY 9-14-	, 91	YEAR	3. TIME OF DEATH 4:50 A M	
)	214-10-4153	□ M 2 [X] F 90	yrs. last birthday) YRS.	IF UNDER 1	YEAR DAYS	HOURS N	2154	DATE OF BIRTH (Month, Day, Year) EB. 23,19	01	PLACE (State or Foreign) YLAND		
HO	9a. FACILITY NAME (If not institution, give street RAVENWOOD LUTHERA RESIDENCE OF DECEMENT			775		R LOCATION STOWN		Н	9c. COUNTY OF DEATH Washington			
DIRECTOR	10a. STATE 10b. COUNTY MARY; LAND WASHIN	NGTON	10c. CIT	Y, TOWN OF		ON TOWN				10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	100. STREET AND NUMBER 100. STREET AND NUMBER 21740									10g. CITIZEN OF WHA		
₽	1 Never Married 2 Married	WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 X NO	13. W	AS DECI	ENDENT OF H city Cuban, R XIX NO	HISPANIC Maxican, I Specify:	ORIGIN? (Specify Yea Puarto Rican, etc.)		14. RACE	American Indian, White, atc.	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade composition of th	DN pleted) 1 Dilege (1-4 or 5 +)	(Give kind of life. Do NOT u	work done di	uring mos	N It of working		OWN HC		DUSTRY		
BE CON	17. FATHER'S NAME (First, Middle, Last) JOHN L.	SMITH					EMMA				INSON	
0	19a. INFORMANT'S NAME (Type/Print) WILLIAM H. RICKARD		7210 N	IORKA	DRI	VE, J	ACKS	ONVILLE,	FLOF	RIDA		
	20a. METHOD OF OISPOSITION XIX Burial 2 Crematton 3 Ramoval 4 Donation 5 Other (Specify)	from State	PLACE OF DISPO	EN CE	MET	ERY !	9-16	-91 HAGE	RSTO	Olty or Tow WN, W/	ASH.,MD.	
	21. SIGNATURE OF FUNERAL SERVICE LICENS R. Hoel	- 19		40	DREW EAS	K. CI T ANT	OFFM IETA	ÄN FUNERA M ST.,HAG	L HO	ME, I	INC. MD. 21740	
	23. PART I. Enter the dieeees, or com ahock, or heart fellure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	only one ceuse on each order ioscler	otic He	eart l			, euch a	ne cardiec or reapi	ratory sr	rest,	Approximate interval Between Onset end Death Years	
CERTIFICATION	Sequentielly liet conditions, if any, leeding to immediate	Occlusive Pe OUE TO (OR AS A C OOTH FEET DUE TO (OR AS A C	CONSEQUENCE C	pheral Vascular Disease with						gangrene Ye		
CAL	PART II. Other significant conditions co	ontributing to death but	t not resulting	in the un	deriying	ceuse give	en in Pa	24e. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAN		OSPITAL:	Nent 3 DOA	OTHER	l:	ACE OF DEA		Conty one)				
BY PHYSICIAN: MED	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TII		28c. INJ	URY AT RK?	2	28d. DESCRIBE HOW II	NJURY O	CCURED		
	3 Suicide 8 Could not be 4 Homicida determined	28a. PLACE OF INJURY – building, atc. (Specifi	— At home, farm, y)	street, facto	ory, offic		2	281. LOCATION (Street a City or Town, State)	and Numbe	er or Rural R	loute Number,	
COMPLETED	29a. CERTIFIER (Check only one) 2) and manner as stated.	
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	9. Hu				DO 1		ER			(Month, Day, Year) 16, 1991	
	30. NAME AND ADDRESS OF PERSON WHO CO Edward W. Ditto, III	I, M.D., 217	West V	Vashi	-	n Str	eet,	Hagersto	wn,	Mary	land 21740	
	31. DATE FILED (Month, Day, Year) SFP 17 '91	32. REGISTRAD'S SIGNA	avidson-A	andelle								



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 m TO THE FUNERAL DIRECTOR: After this certificate hesen signed by the attending physician and completely filled in by the funeral director, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTMANT: If them 28 is marked or them 23 shows any injury, or other traumatic event, the medical examiner musi	sate be executed within 24 hours after death. Page 6 m	hysician and completely filled in by the funeral director,	prior to burial, cremation, or removal.	of traumant event. The medical examiner mus
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The Ian	TO THE FUNERAL DIRECTOR: After this certificate has	be filed within 72 hours after death with the State Dep	IMPORTANT: If Item 28 is marked or item 23

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1. DECEDENT'S NAME (First, Middle,							2. DATE OF	DEATH	Y	YEAR	3. TIME C		
	McLanahan							5,1	991		5:5	5 p	
4. SOCIAL SECURITY NUMBER 577-62-0568	5. SEX	6. AGE (In yrs. last	st birthday)	MONTHS		HOURS MIN.	7. DATE OF (Month, E March	lav. Year)	1888	Count	ry)	nte or Foreign	
94. FACILITY NAME (If not institution, CARRIAGE HILI	L-BETHESDA			9b. CITY,		THESDA	EATH	9c. COUNTY OF DE. MONTGON					
RESIDENCE OF DECEDEN 10a. STATE 10b. CC Maryland M			1	Y, TOWN OF		ON					10d. INSIDE CITY LIMITS? K YES 2 NO		
10e. STREET AND NUMBER 5215 Cedar Lan	e	_			10f.	ZIP CODE 20814			10g. CITI		WHAT COU	NTRY?	
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES?	NT EVER IN U.S. AF 1 YES 2 X WAR OR DATES	RMED NO	16	yes, spe	ENDENT OF HISPA city Cuban, Maxic 2X NO Speci	an, Puarlo Ric		or No—	14. BAC	E — Americ ik, Whita, et	ean Indian, c.	
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	EDUCATION grade completed) College (1-4 or 5	(G		USUAL OC work done do se retired.)			16b. K	IND OF BUS	INESS/IND	USTRY			
, (0 12)	2	"	Hous	sewif	е			Own I	Home				
17. FATHER'S NAME (First, Middle, Les						16. MOTHER'S NA	AME (First, Mid	die, Maiden	Sumame)				
Dick McLanaha						Anna	Mozer		nowni				
19a. INFORMANT'S NAME (Type/Print) John Russell)					nd Number or Rural				,			
						l., Beth		_					
20a. METHOD OF DISPOSITION 1		20b. PLACE	v. cremator.	In Cr	emat	cory		Brei	ntwo				
21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE					o ADDRESS OF FA		. Tr	20	NLI			
1000,00	7-1-11-		1										
23. PART I. Enter the diseases	, or complications th	at caused the de	eath. Do	51	30 W	lisconsi	n Ave.	Was	sb. D	C	2001		
	, or complications th lure. List only one ca			51	30 W	lisconsi	n Ave.	Was	sb. D	C	2001 Apr	proximata erval Betwee	
ahock, or heart fall iMMEDIATE CAUSE (Final disease or condition				51	30 W	lisconsi	n Ave.	Was	sb. D	C	2001 Apr	proximata	
ahock, or heart fall IMMEDIATE CAUSE (Final				51	30 W	lisconsi	n Ave.	Was	sb. D	C	2001 Apr	proximata erval Betwee	
ahock, or heart fall				51	30 W	lisconsi	n Ave.	Was	sb. D	C	2001 Apr	proximata erval Betwee	
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		1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE O	F DEATH	v	YEAR	3. TIME OF DEATH	
~(53/40)		Ha	arold	R. Curi	ran							ember			7:05 PM	
-		4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In)	rs. last birthday)		R 1 YEAR	IF UNDER	-	7. DATE O	F BIRTH Day, Year)		8. BIRTHP Country)	LACE (State or Foreign	
P)	224 60 172]	L	1 🔀 M 2 🗌 F	96	YRS.	MONTHS	DAYS	HOURS	MIN.		h 2,	1895		York	
9		9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY					TY OF DE	ATH			
m	5	Wilson H	iealth	Care Cer	nter			Gait	hers	bura			Mc	ntgo	merv	
N .	DIRECTOR	RESIDENCE OF DEC	EDENT					-								
708	器	10a. STATE	10b. COUNTY				TY, TOWN							1	10d, INSIDE CITY LIMITS?	
	ā	Maryland	Moni	tgomery		G	aith	ersb	ourg						1 YES 2 X NO	
Dert	A	10a, STREET AND NUMBER					10f. ZIP CODE					109. CITIZEN OF WHAT COUNTRY?				
the burial-transit permit	FUNERAL	19310 Clubho	ouse D	rive			20879					United			States	
	🗧	11. MARITAL STATUS		12. WAS DECEDER	NT EVER IN U	S. ARMED									- American Indian, White, atc.	
2	BY F	1 Never Married 2 🔀 3 Widowed 4 Divo		IF YES, GIVE	WAR OR DATE	s	If yee, specify Cuben, Mexican, Pu 1 ☐ YES 2 🔯 NO Specify:					carr, acc.,		Specify		
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detach Once.	8	17. FATHER'S NAME (First, M														
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5 should be detached for notified at once.	2	19a. INFORMANT'S NAME () Anna D. Curi				19b. MAILING									20879 yland	
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nine d		21. SIGNATURE OF FUNE	T SEMUICE NO	CENSEE			22 14	NAME A	ADDRE	SS OF FA	CILITY RC	bert	A. PI	umphr	ey Funeral	
exan		M00689 Home/Rockville, Inc. 30 Avenue, Rockville, Mary														
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physician ne prior to her traun	FICAT	CAUSE (Disease or Inju				ONSEQUENCE C		CHAIL	(1. E.	n mu	ell pic	Cerus	المدر اجالة	ferra	YEARS	
lygier oth		that initiated events resulting in death) LAS	т		(311.110.110.1		,.									
the attending phy 3 Mental Hygiene p injury, or other	빙	d.												+		
ned by the atta th and Mental any injury,		PART II. Other significa	ent condition	na contributing to	o death but	not reaulting	In the u	indariyir	ng cause	given in	Part I.	24a. WAS AN			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
h and	DICAL	Prostatisa	4					COMPL					COMPLETION DF CAUSE			
Heal WS	MED	Probable 1	Prostate	CANCIE							_		22		OF DEATH?	
of sho	- 1			- 1001							_					
Dept.	A N	25. WAS CASE REFERRED T	O MEDICAL				-	28. F	PLACE OF D	DEATH (C)	neck only one)				
certificate has been in the State Dept. of it, or item 23 sho	SICIAN:	EXAMINER?		HOSPITAL:	□ EB/Outnoti	ant 3 🗆 004	ОТНЕ				6 🗆 Other					
the the	¥	27. MANNER OF DEATH		26a. DATE O		26b. Til			JURY AT	asiderica	1	CRIBE HOW I	NJURY OC	CURED		
with	0	1 Natural 5	Pending	(Month,	Day, Year)		IJURY M	W	ORK? YES 2	NO						
eath ma	B	2 Accident	Investigation	28a, PLACE	OF INJURY —	At home, ferm,	atreat fo				28/ 1.004	TION (Street	and Number	or Burnt Br	rute Number	
after d	B	3 Suicide 8 4 Homicide	Could not be determined	bullding	, atc. (Specify,)		,,			City o	r Town, State)	or rioral rio	The state of the s	
DIRECT hours a	Ш	29e, CERTIFIER					_		_							
4 2 t	힅	(Check only		ICIAN: To the best o												
TO THE FUNERAL IDE filed within 72 h	COMPLE	2 MED	ICAL EXAMINE	ER: On the beels of	examination a	ind/or investigat	lon, in my	opinion,	death occu	red at the	time, date	and place, a	nd due to th	e ceuse(s)	and menner as stated.	
H F F	BE	29d. Date signed (Month, Day, Year)														
M Se ⊃	0 0	Byrl 0. Johnson mo 0-19042 > 9/5/91														
	ř	Byd 0. Schrom MO 30. NAME AND ADDRESS OF BERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BYRL D. JOHNSON GII Russell Drenue Caithersburg Md.														
-1		BYRL D.	JOHN	50N (911 8	ussell	Due.	240	6a	ither	sburg	med.				
1		31. DATE FILED (Month, Day,			AR'S SIGNAT										*	
		SFP 09 '91 Fichia Savidson Bandale														
			-			-										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		FOR STATE REGISTRAR		STATE OF	MARYLAN	ID / DEPAI Certif	RTMENT	OF H	EALTH DEA	AND	MENT	TAL HYGIEN	E	91	25639
		1. DECEDENT'S NAME (First										TE OF DEATH			3. TIME OF DEATH
1		Ethel W. C		er							Sei	ptember	4,	1991	1:30 PA
(1	1)	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In y	rs. last birthday)	IF UNDER 1	YEAR DAYS	IF UNDER	T	7. DA	TE OF BIRTH onth, Day, Year)		-	IPLACE (State or Foreign
V		157-34-115		1 M 2 X F	99	YRS.	MONTHS	LIATS	HOURS	MIN.	May	25,189	92	Courni	New York
å.		9a. FACILITY NAME (If not if					9b. CITY, T	OWN C	OR LOCATI	ION OF D	EATH		9c. CO	UNTY OF D	EATH
N. Trans	ECTOR	Rockville	Nursin	g Home			R	ock	vill	Le				Montg	omery
des	JE.	10e, STATE	10b. COUNT	Y		10c, CI1	Y, TOWN OR	LOCAT	TION						10d. INSIDE CITY
.≓. %	DIR	Maryland	Mon	tgomery			Beth	esc	la						LIMITS? 1 YES 2 X NO
реги	3AL	10e. STREET AND NUMBER						-	ZIP COD	E			10g. CI	TIZEN OF V	VHAT COUNTRY?
ransit	NER	6718 Persi	mmon T						20	817			Un:	ited	States
the burial-transit permit. Pages	BY FUN	11. MARITAL STATUS 1 Never Married 2 3 1 Widowed 4 Divo		12. WAS DECEDED FORCES? IF YES, GIVE 1	1 YES 2	NO	1f y	res, spi	ENDENT Cooling Cubic	ın, Mexica	in, Puer	GIN? (Specify Yea to Ricen, etc.)	or No-		- American Indian, k, White, etc.
use as		15. DEC	EDENT'S EDU	CATION	164	a. DECEDENT'S	USUAL OCC	UPATIC	ON		1	16b. KIND OF BUS	SINESS/IN	IDUSTRY	
for u		Elementery/Secondary (0	y highest grade 1-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done dur se retired.)	ring mo:	sl of worldr	ng			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0031111	
detached once.	COMP	12				Home	maker					Own	ног	ne	
e detach t once.	8	17. FATHER'S NAME (First, M							18. MOTI	HER'S NA	ME (Firs	t, Middle, Maiden	Sumame)		
old be	BE	Isaac W. W		d								reaves			
5 should notified	일	19a. INFORMANT'S NAME (1)										imber, City or Towi			
age page		John H. Ch													yland 20817
ector, must		1 Donation 5 Other	n 3 🗆 Remo	oval from State	cemeter	ACE AND DATE	ther place!			9/	16/9	T	_	- City or To	,
al dire		21. SIGNATURE OF FUNERAL		ENSEE	- THOI	tgomer							hesc		Maryland
the funeral di oval. al examiner		·Will	13	Bour	11	100672	Home Wis 350	e/B con	ethe	sda- Aven	Che ue,	bethes	da,	inc. Mar	rey Funeral 7557 yland 20814
the attending physician and completely filled in by the funeral director, Mental Hygiene prior to burial, cremation, or removal. Jury, or other traumatic event, the medical examiner must	N	iMMEDIATE CAUSE (Fin disease or condition resulting in death)	ei	cist only ona cat	use Dri each	nne.									Approximate interval Between Onset and Death Brutter
he attending physician and c Mental Hygiene prior to buria jury, or other traumatic	CERTIFICATION	Sequentially list conditi if any, leading to immer cause. Enter UNDERLY! CAUSE (Disease or Inju that initiated eventa reaulting in death) LAS'	ng ry	DUE TO	(OR AS A COM	NSEOUENCE OF	Ť):						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	120	
been signed by to the signed by the second s	: MEDICAL	PART II. Other algnifice	N Condition	contributing to	deeth but n	P-17—	n tha unde	rlying	ceuse g	given in	Part i.	24a. WAS AN A PERFORE 1 YES 2	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
e Dept	IAN	25. WAS CASE REFERRED TO	MEDICAL					28. Pl 4	ACE OF DE	EATH /Ob-	ok ant-	nnel			
State h	SICI	EXAMINER?		HOSPITAL:	ER/Outpation	nt 3 🗆 DOA	OTHER:								
th the	PH	27. MANNER OF DEATH		28a. DATE OF	INJURY	26b. TIM	E OF 28	c. INJU	IRY AT	siderice		EŞCRIBE HOW IN	JURY OC	CURED	
fter this eath with marked	BY		Pending riveatigation	8 Month, D	7 9 1	K	DRY 1	WOR	RK7 ES 2 €	NO	-	-CL A	+	1.60	
R: Aft er dea	٥	3 Suicide 6 🗆 (Could not be	26a. PLACE O building.	F INJURY - A atc. (Specify)	t home, term, a	treet, factory,	office			281, LC	CATION (Street at	nd Numbe	or Rural Ro	oute Number,
rs afte	ETE	4 Homicide d	latermined	0.000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		tom	10			Cil	y or Town, State)	#	10	
L DIRE 2 hours 1 item	MPL	29a. CERTIFIER 1 CERTI	FYING PHYSIC	IAN: To the best of	my knowledge	, death occurre	d at the time,	, date a	and place,	and dua	to the c	euse(a) and mann	or ea ste	ted.	
NERA Thin 7	SON	one) 2 📉 MEDIO	CAL EXAMINER	: On the basis of a	xemination and	/or Investigation	n, in my opini	lon, de	ath occur	ed at the t	time, de	te end place, and	dua to ti	na cause(s)	and manner as stated.
THE FUNERAL fled within 72 h RPORTANT: II I	w I	29b. SIGNATURE AND TITLE			110	1/1	//	_	29c. LICE	-					Month, Day, Year)
TO THE FUNERAL be filed within 72 I	00	X	ea	Ell	M	uff	1	7	D07	7099					er 6, 1991
1	-	30. NAME AND ADDRESS OF)							0, 2551
51		Francis C.	Mayle	M.D. 820	00 Wisc	consin	Avenu	e E	3ethe	esda	, I	Maryland	d 20	814	
		31, DATE FILED (Month, Day, Y	bar)	32. REGISTRA	R'S SIGNATUR	Ę							-		
Ĺ		SEP 09	<u>'91</u>	grinar	rant apost	Manda 12	•								

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2xours after death. Page 6 may be retained by the hospital or attending phy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the but he flad within 72 hours after death with the State harr of Health and Mental Hodiene Didor to burial, cremation or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

								DEA			EG. NO.			
1. DECEDENT'S NAME (First	, Middle, Last) Ann	C117	tis							2. DATE OF D	DA		YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		5. SEX		n vrs. lest	hirthrian)	IC INDE	R 1 YEAR	IF UNDER	24 MDC	Septen		4,	1991	6:00 P M
The state of the s		1 M 2 F	171 700	r yra. midl	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day	y. Year)		Count	iy)
216-30-3967		**	56		THS.					Sept.	15,			rginia
9a. FACILITY NAME (If not in	-				i	9b. CIT	Y, TOWN	OR LOCATI	ON OF DE	EATH		9c, COU	INTY OF D	HEATH
Shady Grove		tist Hos	pita.	1			Roc	kvill	.e			1	Monto	gomery
10a. STATE	10b. COUNTY	1			10c. CITY	r, TOWN	OR LOCA	TION						10d. INSIDE CITY
Maryland	Mon	tgomery				Gai	ther	sburo	1					LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER		<u> </u>						1. ZIP COD				10g. CIT	IZEN OF	WHAT COUNTRY?
9914 Tamba	v Cour	t						208	79			ΓĨτ	ni teć	d States
11. MARITAL STATUS	1 0000	12. WAS DECEDER				13.	. WAS DEC			VIC ORIGIN? (S	pecify Yea		14. BAC	E — American Indian.
1 Never Married 2 🔀	Married	FORCES?			0			pecify Cuba 3 2 XX NO		n, Puerto Ricen	, atc.)	21040	Spec	k, White, alc.
3 Widowed 4 Divo	erced					-		- AA IIO	GD0011				9000	White
15. DEC	EDENT'S EDU	CATION		16a. DEC	CEDENT'S	USUAL (OCCUPATI	ON ost of working	20	16b. KIN	D OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (I		College (1-4 or 5	+)	ilfe.	Do NOT us	e retired.)	ust of works	·v	M	ionto	omei	cy Co	ounty
		2		Foo	d Se	rvi	ce A	dmini	stra	ator B			_	_
17. FATHER'S NAME (First, M	liddle, Last)							4		ME (First, Middle				
Edward	Homer	Wilson							Anni	ie Mary	Bre	en		
194. INFORMANT'S NAME (Type/Print)			19b	MAILING	ADDRES	SS (Street	and Numbe		Route Number, C			ip Code)	
Clyde E. Cu	rtis			99	14 т	amba	av C	ourt.	Ga	thersb	oura	Mar	cvlar	nd 20879
20a. METHOD OF DISPOSIT	ION	CONDUCTOR VIII	20b.	PLACE (OF DISPOS			metery, crer						own, Stata
1 X Burial 2 ☐ Cramatic 4 ☐ Donation 5 ☐ Other		oval from State	_ P	other pla ark		Mem	oria	l Pa	rk		Roc	kvil	le.	Maryland
21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE	_	0038		22	NAME A	NO ADDRE	SS OF FA	CILITY				
Barbara	gome?	nulleno	tawn	enc	٧		Rock	ville ue, R	, Ir	mphrey ic 30 7111e,	Fune 00 We Mary	st N land	Home Monto	e/ gomery 0850-2805
23. PART I. Enter the d	iseeses, or	complications th	et caused	the de	ath. Do r									Approximete Interval Batween
IMMEDIATE CAUSE (FI							11		100					Onset and Daath
disease or condition_	→	9n+	Ches	-00	hora	6	Hes	mor	The	ane				35 4rs
resulting in death)		DUE TO	OR AS A	CONSEC	UENCE OF	7:								7777
		Con	from	0	al	Zen	NSC	Pans	7/5	age				
Sequentially list condit if any, leading to imme		-	OR AS A		- No.				4,7	*				
cause. Enter UNDERLY	ING	C.												
CAUSE (Disease or Injuthat Initiated events	ury	DUE TO	OR AS A	CONSEC	DUENCE OF	F):								
resulting in death) LAS	ST	d												
DATE II Other deside	and a simulation		4 -44 4							A F				
PART II. Other significa	ant condition	a contributing to	o death D	ut not n	esulting	in the t	ınderiyir	ng cause	given in	Part I. 24	PERFOR		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
										10	YES 2	NO		COMPLETION OF CAUSE OF DEATH?
]				t TYES 2 NO
25. WAS CASE REFERRED T EXAMINER?	TO MEDICAL	HOSPITAL:				ОТНЕ		PLACE OF E	DEATH (C/	neck only one)				
1 TYES 2 THE		Inpatient 2	☐ ER/Outp	atlent 3	□ DOA		ursing Ho		esidence	8 🗆 Other (Sp	pecify)			
27. MANNER OF DEATH		28a. DATE O (Month,	F INJURY Day, Year)		26b, TIM	E OF	28c. IN	JURY AT ORK?		26d. DESCRI	BE HOW I	NJURY O	CCURED	
1 Netural 5 2 Accident	Pending Investigation					М		YES 2 [□ NO					
3 Suicide 6	Could not be	28e. PLACE building	OF INJURY	- At ho	me, ferm,	street, fa	ctory, offi	ce			ON (Street own, State)		er or Rural	Route Number,
4 Homicide	determined		1								,			
29a. CERTIFIER 1 CER	TIFYING PHYS	ICIAN: To the best	f my know	ledge, de	ath occurr	ed at the	time, dat	te and place	e, and du	to the cause(s	e) and ma	ner aa st	ated.	
constant only														(a) and manner ea stated.
29b. SIGNATURE AND TIPL		_							ENSE NU			_		D (Month, Day, Year)
877	DI	my	-	-M	C.			294. 614	Ca	4 1		29a. UA	G SIGNE	14/01
30. NAME AND ADDRESS O	F PERSON WI	O COMPLETED CA	ISE OF OF	ATH STE	M 27) (3m-	Deleur	_	J	27	91				11/2)
D- A.		MMAY		200	6	Gl	ent	Buch	R	el. Be	Res	elle	He	120514
31. DATE FILED (Month, Day		32. REGISTE												
CED UO C	11	Freha Day	idan.	Adand	A Pile									

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: if Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

- STATE REGISTRAR				ICATE	OF DEAT		MENTAL HYGIEN REG. NO	_		
1. DECEDENT'S NAME (First, Middle	, Last)						2. DATE OF DEATH			3. TIME OF DEATH
EDWARD	J.	CINO'	ттт	SR.			SEPTEMBER		YEAR	12:35 P
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	_	IF UNDER 1	YEAR IF UNDER	24 HRS.	7. DATE OF BIRTH	0.	0. BIRTI	HPLACE (State or Foreign
F70 01 F000	1 🔀 M 2 🗌 F	83	YRS.	MONTHS	DAYS HOURS	MIN.	(Month, Day, Year) FEB. 10, 190	0	Count	INGTON, D.C
578-01-5099 9e. FACILITY NAME (If not institution	1 44	1 03		OL CITY T	OWN OR LOCATI	ON OF DE		-	WASIL	
And the state of t						ON OF DE	AIN			
5807 10TH PLACE				CH.	ILLUM			PRI	NCE	GEORGE'S
	COUNTY		10c, CIT	Y, TOWN OR	LOCATION					10d, INSIDE CITY
MARYLAND P	RINCE GEORG	ric		CHILI	T TTM					LIMITS?
10e. STREET AND NUMBER	KINCE GEORG	L D		CHILL	101. ZIP COD			T 40 - 00	TITCH OF	WHAT COUNTRY?
	0.77							1		WHAT COUNTRY?
5807 10TH PLA						787			USA	
11. MARITAL STATUS	5000500	NT EVER IN U.S. AR		13. W	AS DECENDENT O	OF HISPAN	NC ORIGIN? (Specify Year, Puerto Rican, stc.)	o or No-	14. RAC Blac	E — American Indian, ck, White, etc.
1 Never Merried 2 Marrie 3 N Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES			YES 2 NO				Spec	
	WW	II							WH	ITE
15. DECEDENT (Specify only higher		16a. DE	CEDENT'S	USUAL OCC	CUPATION ring most of workli	ng	16b. KIND OF BU	SINESS/IN	IDUSTRY	
Elementery/Secondary (0-12)	College (1-4 or 6	i+) life	. Do NOT us	se retired.)	ring most of workl	-				
11		TI	LE S	ETTER						
17. FATHER'S NAME (First, Middle, L	ast)				16. MOT	HER'S NA	ME (First, Middle, Maiden	Surname)	100	
JOHN CINOTTI					т	OUT	SA ZACCAR	TNE		
19e. INFORMANT'S NAME (Type/Pris	nti	19	h MAII ING	ADDRESS /			Route Number, City or Tow		In Cadal	
MARY ANNE CA	STELLANO				RCISSUS	WAY				
20e. METHOD OF DISPOSITION 1 N Buriel 2 □ Cremetion 3 0	☐ Removal from State			e of DISPOS or other place	SITION (Name		DATE 20c. LC	CATION -	- City or To	own, State
4 Donation 5 Other (Specif					EMETERY		9/10 BREN	TWOC	D. M	ARYLAND
21. SIGNATURE OF FUNERAL SERV	IICE LICENSES	1		22. N/	AME AND ADDRE	SS OF FA				
15X	1161	V		FRA	ANCIS J	. CO	LLINS FUNE	RAL	HOME	. INC.
Munt) Olla									
23. PART I. Enter the disease	s, or complications th	at assessed the de			U UNIVE	RSTT	Y BLVD. W.	SII	SPR	MD. 20901
										MD 20901
	allure. List only one ca	use on each line	D.	not antar ti	ha moda of dy	ing, auc	h aa cardiac or reap			Approximata Intarval Between
IMMEDIATE CAUSE (Final	allure. List only one ca	nuse on each Hod Malic	anant	not antar ti	ha moda of dy ral Eff	ing, aud	th as cardiac or reap	iratory a		Approximata Interval Betwee Onset and Da
	allure. List only one ca	nuse on each Hod Malic	anant	not antar ti	ha moda of dy ral Eff	ing, aud	th as cardiac or reap	iratory a		Approximata Intarval Between
IMMEDIATE CAUSE (Final disease or condition	allure. List only one ca	nuse on each Hod Malic	anant	not antar ti	ha moda of dy ral Eff	ing, aud	h aa cardiac or reap	iratory a		Approximsta Intarval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Due to	Malic	gnant ouence o	Pleu	ha moda of dy ral Eff	ing, aud	th as cardiac or reap	iratory a		Approximsta Intarval Between
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	a. Due to	nuse on each Hod Malic	gnant ouence o	Pleu	ha moda of dy ral Eff	ing, aud	th as cardiac or reap	iratory a		Approximsta Intarval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Due to	Malic	gnant ouence o	Pleu	ha moda of dy ral Eff	ing, aud	th as cardiac or reap	iratory a		Approximata Intarval Between
immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, lesding to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury	a. Due To	Malic Malic O (OR AS A CONSE	gnant ouence o	Pleu	ha moda of dy ral Eff	ing, aud	th as cardiac or reap	iratory a		Approximata Intarval Between
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IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. Due To	Malic Malic O (OR AS A CONSE	gnant ouence o	Pleu	ha moda of dy ral Eff	ing, aud	th as cardiac or reap	iratory a		Approximata Intarval Between
Sequentially list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO d. DUE TO	Malic Malic O (OR AS A CONSE O (OR AS A CONSE	OUENCE O	Pleu	na moda of dy	usic	on Humon	oliratory a	rrest,	Approximata Interval Betwo Onset and Da 3 mo
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BRUCE L. RUI 31. DATE FILED (Month, Day, Year) SEP 1 0 1991

RUSSELL, M.D. 3001 BLADENSBURG ROAD, N.W.

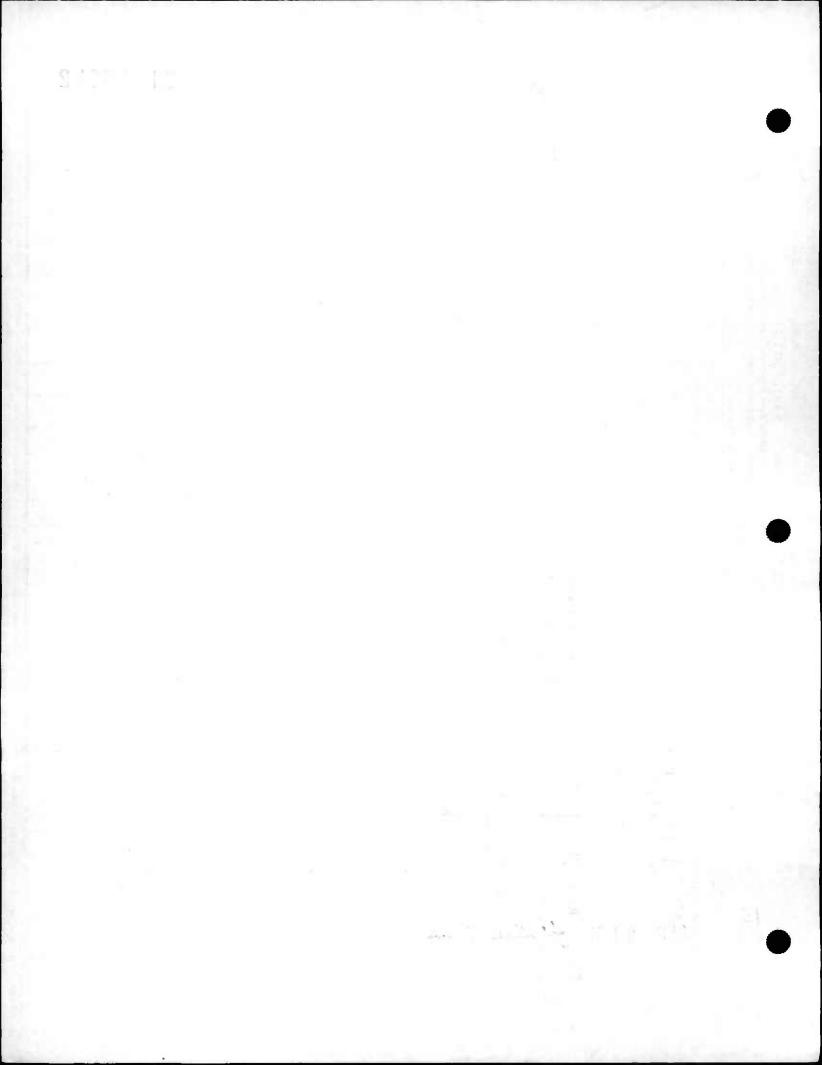
32. REGISTRAR'S SIGNATURE

31. July Devidson Pandall.

WASHINGTON . D

10.00	0 1015	2	1
BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1,2 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	law requires that the death certificate be executed within 24 h	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The 18	TO THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State De	IMPORTANT: If Item 28 is marked, or Item 2

DORIS	H. CU	JNNINGHAM			MONT	TEMBER 4	4. 199	
4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthday)	IF UNDER 1 Y		ms. 7. DATE	OF BIRTH	8. B	IRTHPLACE (State or Foreign ountry)
193-22-5521	1 □ M 2 🂢 F	63 ^{vrs.}			MAY	15, 192		ENNSYLVANIA
9a. FACILITY NAME (If not institution,			96. CITY, TO	OWN OR LOCATION (OF DEATH	4	e. COUNTY	OF DEATH
2204 H		ENUE	S	ILVER SP	RING		MONT	GOMERY
10a. STATE 10b. C	DUNTY	10c. CI1	Y, TOWN OR I	LOCATION				10d. INSIDE CITY
MARYLAND	ONTGOMERY		SILVER	R SPRING	1			LIMITS?
10e. STREET AND NUMBER				10t. ZIP CODE		1	log. CITIZEN	OF WHAT COUNTRY?
2204 H RESIDENCE OF DECEDEN 10a. STATE 10b. C MARYLAND 1 10c. STREET AND NUMBER 2204 HERMIT 11. MARITAL STATUS 1 Never Merried 2 M Married 3 Widowed 4 Divorced	AGE AVENUE			20902	2		US	A
11. MARITAL STATUS	12. WAS DECEDENT EX		13. WAS	B DECENDENT OF H	ISPANIC ORIGI	N? (Specify Yes or	No- 14.	RACE — American Indian, Black, White, etc.
1 Never Merried 2 🖔 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		YES 2 NO		rican, etc.)	3	Specify: WHITE
	FOUCATION	Las properties		-				
(Specify only highest	grade completed)	16a, DECEDENT'S (Give kind of life. Do NOT u	work done duri	ing most of working	104	b. KIND OF BUSIN	ESS/INDUST	RY
Elementary/Secondary (0-12)	College (1-4 or 8+)	НОМЕМА	Section 1					
17. FATHER'S NAME (First, Middle, La	st)	HOTHER	ши	18. MOTHER	'S NAME (First.	Middle, Maiden Su	mame)	
GEORGE	HAVER				INIE			OMPSON
10. INFORMANT'S NAME (Topo/Print		19b. MAILING	G ADDRESS (S	treet and Number or I		nber, City or Town,		
JAMES A. CI	JNNINGHAM (HU	SBAND) 220	4 HERN	ATAGE AV	ENUE.	SILVER	SPRIN	G, MD 20902
20e. METHOD OF DISPOSITION 1 Burial 2 X Cremation 3	Domest from State	20b. PLACE AND DAT	E OF DISPOS	ITION (Name	DAT			or Town, State
4 Donation 8 Other (Specify		of cemetary, cremator METROPOLI				ALEX	ANDRI	A. VIRGINIA
21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE		ERAN	ME AND ADDRESS O	F FACILITY			
1) () () ()	Court							SP., MD 2090
disease or condition resulting in deeth) Sequentiely itst conditions,	C b	AS A CONSEQUENCE O						11 years
Sequentielly list conditions, if eny, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions.	cDUE TO (OR	AS A CONSEQUENCE O	DF):					
PART ii. Other significent con	ditions contributing to de-	eth but not resulting	in the unde	rlying couse give	n in Part I.	24s. WAS AN AU		24b. WERE AUTOPSY FINDINGS
	7.00					PERFORMI	1	AMAILABLE PRIOR TO COMPLETION DF CAUSE
						1 123 24	140	OF DEATH?
25. WAS CASE REFERRED TO MEDIC	CAL			26. PLACE OF DEAT	'H (Check only o	one)		
EXAMINER?	HOSPITAL:	VOutpetient 3 DOA	OTHER:	Home 5 Reside	ence 8 🗆 Oth	er (Specify)		
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	28s. DATE OF INJ (Month, Day, 1		-	Ic. INJURY AT WORK?		SCRIBE HOW INJ	URY OCCUR	ED .
1 Natural 5 Pending 2 Accident Investig				1 YES 2 N	0			
	ot be building, etc.	JURY At home, farm, (Specify)	street, fectory	, office	281. LO- C/n	CATION (Street and y or Town, State)	Number or F	tural Route Number,
	PHYSICIAN: To the best of my AMINER: On the basis of axam							use(a) and manner as stated.
296 STONATURE AND TITLE OF CE		111	7	29c. LICENS				RNED (Month, Day, Year)
1 sulu c	1. July	- , m)		121	469		D 9/	5/91
30. NAME AND ADDRESS OF PERSON	STILL ME	DE DEATH (ITEM 27) (Typ	Print)	87. N.	W. Ub	H. OC	20	010
3 COATE FILED (Month, Day Year)	Aut 32 REGISTRAR'S	SIGNATURE						



FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

215-46-3544

Alice

25643 91 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH August 30, 1991 Augus

7. DATE OF BIRTH (Month, Day, Year) Chester McNeill 5:45 Pm 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreig Country) 1 - M 2 XF 78 ALABAMA

						N OR LOCATION OF D			OUNTY OF D	ENIT
Fox Chase	Nursi	ng Center			Sil	ver Sprin	ng	M	ontgo	mery
10e. STATE		,		10c. CITY, T	TOWN OR LO	CATION				10d, INSIDE CITY
MD.		TGOMERY			SILV	ER SPRIN	īG			LIMITS?
10e. STREET AND NUMBER						101. ZIP CODE		10g. C	ITIZEN OF V	WHAT COUNTRY?
2015	EASTV			20910					U.S.	
1 Never Married 2		FORCES? 1	YES 2 X NO	MED O	If yes	specify Cuban, Maxic	an, Puarto Rican	ecity Yes or No , etc.)	14. RACE Black Speci	E — American Indian, k, White, atc. //y: WHITE
			18e. DEC	EDENT'S US	UAL OCCUP	ATION	16b. KINI	O OF BUSINESS/I	NDUSTRY	MILLIE
		College (1-4 or 5+)	Me. i	Do NOT use n	etired.)			7) (T) T	IOME	
17. FATHER'S NAME (FI/S), M	liddle. Last)			110 00	BWIL.					
		H. McN	EILL					F.		MPSON
19a. INFORMANT'S NAME (7	Vpe/Print)		19b.	MAILING AD	DRESS (Stre	et and Number or Rural	Route Number, Ci	ity or Town, State, 2	Zip Code)	
PAMELA		GETCH								22015
1 🗆 Burial 2 🕰 Cremetio	n 3 🗆 Ramo	oval from Stata	20b. PLACE Af	ND DATE OF E	DISPOSITION	(Name of	DATE	20c. LOCATION -	- City or To	wn, Stata
		Tarana and a same and a same and a same and a same and a same and a same and a same and a same and a same and	CHAMB	ERS (CREM			RIVERI	DALE	MD.
21. SIGNATURE OF FUNERA	L SERVICE LIG	ensex	0		22. NAME	AND ADDRESS OF FA				
M. De	14	amler						INC.		20910
anock, or m	cart failure. L	omplications that co Liet only one cause	on each line.	ith. Do not	enter the	mode of dying, aud	ch aa cardiac d	or respiratory a	irreet,	Approximate interval Between
disease or condition	→ .	Heen	16	ilen	0					Onset and Death
reculting in deedily		DUE TO (OR	AS A CONSEQU	HENCE OF):	0		. 10/0			0 11 000
if any, leeding to immed cause. Enter UNDERLY	diate NG	DUE TO (OR	AS A CONSEOU		te	lear	tdis	rlack	?	logs,
that initieted events resulting in death) LAS		DUE TO (OF	AS A CONSEOL	UENCE OF):						
		l								
	d	contributing to de	ath but net re	sulting in t	the underly	ing cause given in	Part i. 24a	WAS AN AUTODS	/ 24h	WEDE ALTODOV CINDIAGO
PART II. Other eignification	d	contributing to de	ath but not re-	sulting in t	the underly	ing couse given in	2.0	WAS AN AUTOPS' PERFORMED? YES 2 NO	7 24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	d	a contributing to de	ath but not recurrence of the second	sulting in t	the underly	ing ceuse given in	2.0	PERFORMED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
PART II. Other eignifica	nt conditions	arlow	ath but not received	sulting in t	mon	asylesa	- 10	PERFORMED?	7 24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other eignifica	nt conditions	HOSPITAL:	as ci	pul	24 DA	PLACE OF DEATH (CA	eck only one)	PERFORMED?	7 24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other eignifical	nt conditions	HOSPITAL: 1 Inpatient 2 EF	A/Outpatient 3 [pul 218	26 THER:	PLACE OF DEATH (Ch	neck only one) 6 Other (Spe	PERFORMED? YES 2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other eignifical 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 3 Natural 5 1	nt conditions	HOSPITAL:	A/Outpatient 3 [pul	26 THER: Nursing H	PLACE OF DEATH (CA	neck only one) 6 Other (Spe	PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 3 Natural 5 1 2 Accident 1 3 Suicide 6 6	nt conditions MEDICAL Pending	HOSPITAL: 1 Inpatient 2 EF	2/Outpetlent 3 [URY At hom	DOA 4	26 THER: Nursing H M 1 [PLACE OF DEATH (Ch. ome 5 Residence NJURY AT NORK? YES 2 NO	1 Deck only one) 6 Describe	PERFORMED? YES 2 NO City) E HOW INJURY O	CCURED	AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
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Triidma Randale

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7. 8	Te	9a. FACILITY NAME (If not institution, gh SUBURBAN HOSP				9b. CITY,	
. 2.	DIRECTOR	RESIDENCE OF DECEDENT	TIMD			BETH	1ESL
	l m	10a. STATE 10b. COU	NTY		10c. CITY	, TOWN O	R LOCATI
permit. Pages		Maryland Mo	ntgomery		Ger	mant	own
E .	A	10e. STREET AND NUMBER			001	marro	101.
18	FUNERAL	18565 Split Rock	< Lane				
020 physician. burial-transit	3	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARA		13. V	AS DECE
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nding as the			<u>I 1986-1990</u>			1	
2121 al or atte for use		15. DECEDENT'S E (Specify only highest gra	DUCATION ide completed)	18a. DEC	DEOENT'S I	USUAL OC	CUPATION
BALTIMORE, MARYLAND 21215-0020 24 mours after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the burial-transion, or removal.	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	1			
hosi tache	N N	17. FATHER'S NAME (First, Middle, Lest)		Pr	inte	r	
MARYLAND retained by the hospit should be detached notified at once.		David Leroy Card	hue 1 1				- 1
MAR retained to 5 should	BE	19a. INFORMANT'S NAME (Type/Print)	IMETT	105	MAILING	ADDRESS	(2)
M/ retail 5 sh notii	유	Bonnie L. Cardwe	11		8565		
RE, say be page		20a. METHOD OF DISPOSITION	20	0b. PLACE A			
OF mector.		1 Burial 2 X Cremation 3 Re 4 Donation 5 Other (Specify)	emoval from State	uburb	netory or of	her place)	CTV
Page al dir	1 9	21. SIGNATURE OF FUNERAL SERVICE		00010	dir o.		AME AND
BALTIMORE, after death, Page 6 may be by the funeral director, page moval.	1 2	+ Brood.	& Julian	h		Rap	
B rours after of in by the or removal.		23. PART I. Enter the diseases, o	n. yuu	res	ne	4933	
RECORDS, P.O. BOX 68760, requires that the death certificate be executed within een signed by the attending physician and completely of Health and Mental Hygiene prior to burial, cremat shows any Injury, or other traumatic event, is	HYSICIAN: MEDICAL CERTIFICATION	immediate cause (Final disease or condition resulting in desth) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d	A CONSEOU	UENCE OF):	
VITAL AN: The law tificate has t e State Dept r item 23	CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PLA
F VITA SICIAN: The certificate I the State I, or Item	1SI	XXYES 2 □ NO	HOSPITAL: 1 ☐ Inpetient 2 ☐ ER/Out	tpatient 3	DOA	OTHER: 4 Nursk	
	H	27. MANNER OF DEATH	28a. OATE OF INJURY (Month, Day, Year)		28b. TIME INJU		Bc. INJUI
ON O ING PHY ther this eath wit	ВУ	1 Natural 5 Pending 2 Accident Investigation	09-06-19	91 1		0P'.	1 YE
TISIC TTCN: A after d 28 is	COMPLETED	3 Suicide a Could not b 4 Homicide detarmined	e 28s. Pt.ACE OF INJUR building, etc. (Spi	Y — At hom ecify) On	e, term, st	reet, factor	
DIV L DIRE L DIRE Hours	PLE	29a. CERTIFIER (Check only 1 CERTIFYING PHY	SICIAN: To the best of my know	wledga, deat	th occurred	at the tim	ie, data ai
SPITA VERAL In 72	MO		NER: On the basis of exemination				
TO THE HOSPITAL TO THE FUNERAL (De filed within 72 h IMPORTANT: If it	TO BE C	296. SQNATURE AND TITLE OF CERTIF	Sall	he	/+	3R	_ 2

25644 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF GEATH **JONATHAN** 09 06 1991 DAVID CARDWELL 11:30 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) B. BIRTHPLACE (State or Foreign Washington, DC 220-98-2753 1 M 2 - F April 6, 1967 R LOCATION OF DEATH 9c. COUNTY OF DEATH AC MONTGOMERY 10d. INSIDE CITY 1 - YES 2 X NO ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20874 United States NDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. offy Cuban, Maxican, Puarto Rican, etc.) Black N t of working 18b. KIND OF BUSINESS/INDUSTRY Printina 16. MOTHER'S NAME (First, Middle, Malden Surname) Rosemary Arch d Number or Rural Route Number, City or Town, State, Zip Code) ock Lane, Germantown, MD 20874 20c. LOCATION — City or Town, State OATE 9-9 Silver Spring, Maryland ADDRESS OF FACILITY uneral Services, P. A. st Avenue, Silver Spring, MD 20910 e of dying, such sa cardiac or reapiratory screat, Approximate intervai Between **Onaet and Death** cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH? 1 | YES 2 | NO CE OF DEATH (Check only one) 5 Residence 8 Other (Specify) RY AT 28d. OESCRIBE HOW INJURY OCCURED 2 X NO Driver in auto impact 28t. LOCATION (Street and Number or Rural Route Number, building, etc. (Specify) 4 Homicide On Street Randolph & Dewey Road 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. in my opinion, death occured at the time, data and placa, and due to the cause(a) and mannar as stated. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) ▶09-08-1991 O.C.M.E. DEATH (ITEM 27) (Type, Print) FRANK J.PERETTI M.D 11 PENN STREET BALTIMORE MARYLAND 21201 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

200 H SE

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

						91 2	5645
	1 - STATE REGISTRAR	STATE OF MARYLAND					
	1. DECEDENT'S NAME (First, Middle, Last)	ALICE A.	CAMP	E OF DEATH	REG. NO		3. TIME OF DEATH
	ALICE AD	ELAIDE C	AMP.		08-3	1-91	12:33 A.
1	578-10-924	5. SEX 6. AGE (In yrs.	YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS. B DAYS HOURS MIN.	(14	C	SIRTHPLACE (State or Foreign Country)
1	9e. FACILITY NAME (If not institution, give a		9b. CI	TY, TOWN OR LOCATION OF		9c. COUNTY	EW YORK
POT	HOLY CROSS	HOSPITAL	S.	lee Spe	ing	Mon	Igences
DIRECTOR	Maryland M	lastanes	10c, CITY, TOW	N OR LOCATION	in		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10. STREET AND NUMBERY	000		101. ZIP CODE	./	10g. CITIZEN	OF WHAT COUNTRY?
UNE	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S.	ARMED 1	3. WAS DECENDENT OF HISP	ANIC ORIGINA (Secondory)		SA
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATES	©NO	If yes, specify Cuben, Mexi 1 YES 2 NO Specific	can, Puerto Ricen, atc.)		RACE — American Indian, Black, White, etc. Specify: WHITE
TED	15. DECEDENT'S EDU- (Specify only highest grade	completed)	DECEOENT'S USUAL (Give kind of work don life. Do NOT use retired	e during most of working	16b. KIND OF BU	JSINESS/INDUSTI	RY
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	SECRETARY	<i>.</i>)	OHALTT	V TAIMO	
SON	17. FATHER'S NAME (First, Middle, Last)		DORDINKI	18. MOTHER'S N	QUALIT		
BE	PETER GIUDICI 190. INFORMANT'S NAME (Type/Print)			CAROL		MONFER	
2	Torris	HUSBAND)		SS (Street and Number or Rura			
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Rem	20b. PLAC	CE AND DATE OF DISPO	OSITION (Name of		SPRING, OCATION — City of	MARYLAND 2090
() (i	4 Donation 5 Other (Specify)	GAT	CE OF HEAV	VEN CEMETERY	SII	LVER SPI	RING, MARYLANI
	ST. SIGNATURE OF THE HALL SERVICE OF	J. 8	2	RANCIS J. C	OLLINS FUNE	ERAL HON	ME, INC.
	23. PART I. Enter the disesses, or c	complications that caused the	death. Do not ante	er the mode of dving su	IY BLVD., V	V., SIL.	SP., MD 2090
	shock, or hasrt failura. IMMEDIATE CAUSE (Final	List only one cause on each i	ine.			matory arreat,	intarval Between Onset and Daath
	disease or condition reaulting in death)	. Sudden	Car	diac D	eath		
_	_	DUE TO (OR AS A CONS	SEOUENCE OF):	diac D tery D	1		
CERTIFICATION	Sequantially list conditiona, if any, leading to immediate	OUE TO (OR AS A CONS	SEQUENCE OF):	tery D	isease		
S	CAUSE (Disease or injury).				<u> </u>	
Ē	that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	SEOUENCE OF):				
8	PART II Other significant condition	I.					
MEDICAL	PART II. Other significant condition	econtributing to death but no	t resulting in the t	indarlying cause given ii	Part I. 240. WAS AN	AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Æ					1 🗆 YES 2	NO	COMPLETION OF CAUSE OF DEATH?
ž					— II		1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHE	26. PLACE OF DEATH (C	heck only one)		
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 TER/Outpatient 28e. DATE OF INJURY		28c. INJURY AT	8 Other (Specify) 28d. DESCRIBE HOW I	N IIImy occupe	
ВУ Р	1 Pending 2 Accident Investigation	(Month, Day, Yeer)	INJURY M	WORK?	and DESCRIBE HOW	INJUNY OCCURE	
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, term, streel, fe	ctory, office	28f. LOCATION (Street City or Town, State)	end Number or Ru	ral Route Number,
COMPLETED	29e. CERTIFIER (Check only one) t CERTIFYING PHYSIC (Check only one) 2	CIAN: To the best of my knowledge, R: On the basis of examination end/o	death occurred at the	time, date end place, end du	e to the cause(e) and man	nner ee stated.	
S I	296. SIGNATURE AND TURLE OF CERTIFIED		The state of the s	29c. LICENSE NU			
10 B	Pete 11	[M.O		DH	0365		NED (Month, Day, Year)
F 1	30 NAME AND ADDRESS OF DEDOON WILL						

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

PETER J. SABIA, M.D. 10313 Georgia Ave Soile 308 Silver Spring, Marylon

31. DATE FILEO (Month, Day, Your)

SEP 04 91 Sundand Pandone

	JAMES WIDLE BARRO	W Total
	117-31-4584 10M20F	AGE (In yrs. last birthd
	9e. FACILITY NAME (If not institution, give street end number)	liston Ge
5	Fallston General Hos,	pital
Pages 1.		unty 10c.
E	Md Hartord	
PAL BAL	100. STREET AND NUMBER 2626 Thomas Run 2626 Thomas Run K	n Road
020 physician. burial-transit permit. Pages 1, 2 3 s	11. MARITAL STATUS 12. WAS DECEDENT EV	
BY	1 Never Merried 2 Merried IF YES, GIVE WAR	
r atternates use a	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDEN (Give kind life. Do NO
YLAND 21215 by the hospital or attent be detached for use as at once. COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	and bo me
ALTIMORE, MARYLAN death. Page 6 may be retained by the hos e, huneral director, page 5 should be detach b. examiner must be notified at once. TO BE COM	17. FATHER'S NAME (First, Middle, Last)	
RYL ed by the ed at	Wilbur	Barrow
MAR retained 5 should notified TO BE	190. INFORMANT'S NAME (TyposPrint) Wif 0836_2767 Mrs. Marjory E. Barrow	7 19b. MAII 262
Page 6 may be all director, page	20e. METHOD OF DISPOSITION	20b. PLACE AND I
AOF pe 6 m rector.	1 State 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify)	Deer Cre
ALTIMORE, feath. Page 6 may be funeral director, page xaminer must be	21. SIGNATURE OF FUNERAL SERVICE LICENSEE JOS eph	W. Foste
BAI Bar dea the fur oval.	grantrolli fister	
urs af in by reme	23. PART I. Entar tha diseases, or complications that ca shock, or heart failure. List only one cause	
\$ ₹ 5 €	IMMEDIATE CAUSE (Final disease or condition	
s760, ted within 24 completely fille ial, cremation, event, the	resulting in death) a	AS A CONSEQUENCE
RECORDS, P.O. BOX 68760, requires that the death certificate be executed within been signed by the attending physician and completely or Health and Mental Hygiene prior to burial, cremat shows any injury, or other traumatic event, it. MEDICAL CERTIFICATION	Sequantially list conditions,	
3OX 68: ate be execute ysician and o prior to buria traumatic CATION	If any, leading to immediate cause. Enter UNDERLYING	R AS A CONSEQUENC
P.O. B. th certificate anding physical Hygiene procession of other terminal experiments.	CAUSE (Disease or injury C.	AS A CONSEQUENCE
P.O. BOX eath certificate be e attending physician rital Hygiene prior to y, or other traun CERTIFICATI	resulting in death) LAST	
RECORDS, P.O. BOX 68 requires that the death certificate be executed in the attending physician and its fleath and Merital Hygiene prior to built shows any injury, or other traumatic: MEDICAL CERTIFICATION	PART II. Other significant conditions contributing to de	ath but not result
s that if need by alth and land land land land land land land		
RECO v requires the been signed t. of Health shows an		
N Sept P	25. WAS CASE REFERRED TO MEDICAL	
VITA AN: The inficate of State r item	EXAMINER? 1 YES 2 NO 1 No prital: 1 No prital: 1 No prital: 1 No prital: 1 No prital:	A/Outpetient 3 🗆 DO
OF VIT, HYSICIAN: Th his certificate with the State ced, or item PHYSIC	27. MANNER OF DEATN 1 Netural 5 Pending 28a. DATE OF IN. (Month, Day,	JURY 28b. Year)
ION OF NDING PHYSIC The death with the is marked, D BY PH	2 Accident Investigation // /4.	
DIVISION OF VITA OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate he hours after death with the State D Item 28 is marked, or Item PLETED BY PHYSICIA	3 Suicide S Could not be determined	NJURY — At home, fa L (Specify)
DIVISIC HOSPITAL OR ATTEND TUNERAL DIRECTOR: A Within 72 hours after of ANT: If tiem 28 is COMPLETED	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my	knowledge, death oc
Z Z = Z	one) 2 MEDICAL EXAMINER: On the besie of exam	
THE FUNER THE FUNER FORTANT:	29b. SIGNATURE AND TITLE OF CERTIFIER	
6 5 3 M O	Houst Hame MD	

FOR STATE REGISTRAR **CERTIFICATE OF DEATH** REG. NO 1. DECEDENT'S NAME (First, Middle, Last) Wilbur James Barrow 2. DATE OF DEATH 9/11/ 3. TIME OF DEATH 9255 91 7. DATE OF BIRTH 11/13 LARTINGLE (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 96. CITY, TOWN OR LOCATION OF DEATH A 11ston 9c. COUNTY OF DEATH Harford Fallston Bel Air CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 NES 2 NO 21015 10f. ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? U.S.A. 21015 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or NoIf yes, specify Cuban, Mexican, Puerto Ricen, etc.)
1 YES 2 0 00 Specify: 14. RACE — American Indian, Black, White, etc. Specify: WILLE White NT'S USUAL OCCUPATION
d of work done during most of working
OT use retired.) Farmer 16b. KIND OF BUSINESS/INDUSTRY Agriculture agriculture farmer 16. MOTHER'S NAME (First, Middle, Maiden Surname) Jennie Tennant LING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 6 Thomas Run Road, Bel Air, Maryland 21015 DATE OF DISPOSITION (Name DATE 20c. LOCATION — City or Town, State ek Methodist Cem. Forest Hill, Maryland 22. NAME AND ADDRESS OF FACILITY Foster Funeral Home 50 West Broadway & Williams Street Bel Air, Maryland 21014 Do not antar the mode of dying, such as cardiac or respiretory arrest, Interval Betw **Onset and Death** of Prostato CE OF): CE OF: ing in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 100 1 YES 2 NO 26. PLACE OF DEATH (Check only one) OTHER: ng Home 5 🗆 Residence 6 🗆 Other (Specify) 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 YES 2 NO 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) rm, street, factory, office curred at the time, date end place, end due to the cause(s) end menner ee stated. 29c, LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) 2005 Rocks 31. DATE FILED (Month, Day, Year) Pulia Davidson Randall SEP 1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ń	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2
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DIVISION OF VITAL RECORDS, P.O. DOX 13146	ficate
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DECEDENT'S NAME (First, Middle, Last) ELIZABETH M A. SOCIAL SECURITY NUMBER		CERTIFIC	CATE OF	EALTH AND N DEATH	REG. NO		91 256
					2. DATE OF DEATH MONTH	AY YE	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	1	CICCA	RONE		Sept.	4, 199	
			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
214-52-9942	1 □ M 2 🖟 80	YRS.	IONINO DATO	HOUNS MIR.			ennsylvan
9e. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
6 So Cherry C	rove Ave		Annapo	lis		Anne	Arundel
Maryland Anne		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
	Arundel	Ann	apolis				1 TY YES 2 - NO
10e. STREET AND NUMBER 6 So. Cherry G 11. MARITAL STATUS 1 Naver Merried 2 W Merried			101.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
6 So. Cherry G					21401	U.S	
11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2	2 NO	If yes, spe	ecify Cuban, Mexica	IIC ORIGIN? (Specify Yen, Puerto Ricen, etc.)	e or No— 14.	RACE — American Indian, Black, White, etc.
3 Widowed 4 Olivorced	IF YES, GIVE WAR OR DATES	s -	1 TYES	2 NO Specify	:		Specify: WHITE
	CATION 16	Sa. OECEDENT'S U	SUAL OCCUPATION	ON .	16b. KIND OF BU	JSINESS/INDUST	
(Specify only highest grade Elementary/Secondery (0-12)	completed) College (1-4 or 5+)	(Give kind of wo	ork done during mos retired.)	at of working			
T 2	-	House	wife		Hamai	maker	
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondery (0-12) I 2 17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maide		
ANTONIO DA	DAMTO			ANNA	TA PEN	A IA	
0		19b. MAILING	ADDRESS (Street e		Route Number, City or To		ob) 2I40I
HENRY E. CICC	ARONE	6 So.	Cherr	v Grove	Ave. A	nnapol	
20a. METHOD OF DISPOSITION 1	20b. PL	LACE OF DISPOSE	TION (Name of cen	netery, cremetory or		OCATION — City	
4 Donetion 5 Other (Specify)	St.	. Mary	's Cem	etery	Anı	napoli	s Md.
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE/	,		D ADORESS OF FA		~	
Thursday X.	Tuto/				CRAL CHAI		21401
23. PART i. Enter the diseeses, or o	complications that caused the	ha daeth. Do no			ter St.		
shock, or hasrt failure.	Liat only ona cause on each	h ilna.	A GINGI WIG WIG	as or aying, add	i aa oarondo or roo	onotory arrest	interval Betv
iMMEDIATE CAUSE (Final disease or condition	1 4 . 4	1		10	Annan		Onset and D
resulting in deeth)	s. hetasto	ONSFOUENCE OF	and	V NO	oeldu		4 mo
- 1	Come	/	Ladd				9
Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A CO						1 mi
couse. Enter UNDERLYING							
CAUSE (Disease or injury that initiated evants	DUE TO (OR AS A CO	ONSEQUENCE OF)	:				
Sequentielly list conditions, if any, isading to immediets ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initiated evants resulting in daeth) LAST	d						
	s contribution to death but	not resulting to	the underlying	n cause about to	Dart i na una	N AUTOPSY	246 WEST AUTOSON CO.
∢ ∥ ————	- continuiting to usatti but	nor resulting it	i wie unoarryin	A canse diveu iu	PERFO	N AUTOPSY ORMEO?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO
					1 🗀 YES	2 D NO	COMPLETION DF CAU DF DEATH?
# W					_ [1 TES 2 NO
E							
E							
E	HOSPITAL:		28. PL	ACE OF OEATH (Ch	eck only one)		
E	1 Inpatient 2 ER/Outpatie	ent 3 🗆 DOA	OTHER: 4 - Nursing Hom	e 8 F Realdence	8 Other (Specify)		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 IN NO 27. MANNER OF DEATH			OTHER: 4 Nursing Hom OF 28c. INJ	No 8 PResidence	_ =====================================	INJURY OCCUP	RED
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 8 Pending	1 Inpetient 2 ER/Outpetie	ent 3 DOA 28b. TIME INJU	OTHER: 4 Nursing Hom OF 28c. INJ	NO 8 Realdence	8 Other (Specify) 28d. DESCRIBE HOW		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 8 Pending 2 Accident Investigation 3 Suicide 8 Could not be	1 ☐ Inpatient 2 ☐ ER/Outpatie	28b. TIME	OTHER: 4 Nursing Hom OF 28c. INJ	NO 8 Realdence	8 Other (Specify)	t and Number or	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	1 Inpatient 2 ER/Outpatie 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY —	28b. TIME	OTHER: 4 Nursing Hom OF 28c. INJ	NO 8 Realdence	8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Stree	t and Number or	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	1 Inpatient 2 ER/Outpatie 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY —	28b. TIME INJU	OTHER: 4 Nursing Hom OF 28c. INJ RY WC M 1 1	Ne 8 PResidence PURY AT PRK? PYES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Stree City or Town, State	t and Number or e)	Rural Route Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	1 Inpatient 2 ER/Outpatie 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — building, etc. (Specify)	28b. TIME 28b. TIME INJU At home, farm, at	OTHER: 4 Nursing Hom COF 28c. INJ IRY M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NO 8 PRESIDENCE UURY AT PKK? YES 2 NO e	8 Other (Specify) 28d. DESCRIBE HOW 281. LOCATION (Street City or Town, State to the ceuse(s) end m	t and Number or e)	Rural Route Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 8 Pending investigation 3 Suicide 8 Could not be datermined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	1 □ Inpatient 2 □ ER/Outpatie 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — building, etc. (Specify) ICIAN: To the best of my knowledger: On the bests of examination en	28b. TIME 28b. TIME INJU At home, farm, at	OTHER: 4 Nursing Hom COF 28c. INJ IRY M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NO 8 PRESIDENCE UURY AT PKK? YES 2 NO e	8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Stree City or Town, Stat to the ceuse(s) end m time, date end place, s	t and Number or e) enner es stated.	Rural Route Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 8 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFISION	1 □ Inpatient 2 □ ER/Outpatie 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — building, etc. (Specify) ICIAN: To the best of my knowledger: On the bests of examination en	28b. TIME 28b. TIME INJU At home, farm, at	OTHER: 4 Nursing Hom COF 28c. INJ IRY M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NO 8 PResidence URTY AT URTY AT URTY VES 2 NO e and place, and due leath occured at the	8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Stree City or Town, Stat to the ceuse(s) end m time, date end place, s	enner es stated. and due to the c	Rural Route Number, suse(e) end menner as state IGNED (Month, Day, Year)
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 8 Pending Investigation Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIES	1 □ Inpatient 2 □ ER/Outpatie 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — building, etc. (Specify) ICIAN: To the best of my knowledger: On the bests of examination en	At home, farm, at	OTHER: 4 Nursing Hom OF 28c. INJ IRY M 1 Nursing WC I Nur	NO 8 PResidence URTY AT URTY AT URTY VES 2 NO e and place, and due leath occured at the	8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Stree City or Town, Stat to the ceuse(s) end m time, date end place, s	enner es stated. and due to the c	Rural Route Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 8 Pending Investigation Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIES	1 □ Inpatient 2 □ ER/Outpatie 28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY — building, etc. (Specify) ICIAN: To the best of my knowled; ER: On the bests of examination of	At home, farm, at	OTHER: 4 Nursing Hom OF 28c. INJ IRY M 1 Nursing WC I Nur	NO 8 PRESIDENCE URRY AT NRK? YES 2 NO and place, and due testh occured at the 29c. LICENSE NUI	8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Stree City or Town, Stat to the ceuse(s) end m time, date end place, s	enner es stated. and due to the c	Rural Route Number, suse(e) end menner as stat IGNED (Month, Day, Year)

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IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	C	ERTIF	ICATE OF			MENIAL MIGI REG.		•	20040		
	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATN 3. TIME OF DEATN											
	ALAN REED COVING			MONTH	DAY	YEAR	18/0 "					
1	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. is	st birthday)	IF UNDER 1 YEAR	IF UNDER 2	A HIDE	September 7. DATE OF BIRTH		1991			
1)	212-78-4519 1 M 2	YRS.	MONTHS DAYS	HOURS	MIN	(Month, Day, Yes	")	8. BIRTNPLACE (State or Foreign Country)				
1	9a. FACILITY NAME (If not institution, give street and numi						10-12-6		Maryl			
Œ				9b. CITY, TOWN C				9c. COU	NTY OF DEAT	Н		
DIRECTOR	Peninsula General Hosp	ital		Salis	bury	, MD			Wicom	ico		
EC	10a. STATE 10b. COUNTY		10c. CITY	Y, TOWN OR LOCAT	TON							
<u></u>	Maryland Wicomico				ion				1	d. INSIDE CITY LIMITS?		
7	10e. STREET AND NUMBER		Salisbury							X YES 2 NO		
RA				101	ZIP CODE			10g. CIT	ZEN OF WNA	T COUNTRY?		
W	Snow Hill Read				01		Ţ	JSA				
FUNERAL	11. MARITAL STATUS 12. WAS DE 1X Merried 2 Married FORCES	CEDENT EVER IN U.S. AI	RMED	13. WAS DEC	ENDENT OF	HISPANI	C ORIGIN? (Specify	Yea or No-	14. RACE -	American Indian, hite, atc.		
ВУ	3 Widowed 4 Divorced	CX.	1 TYES				Specify:					
									White			
핃	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(0	Give kind of w	USUAL OCCUPATION OF COMMENT OF CO	N st of working		18b, KIND OF	BUSINESS/INC	DUSTRY			
2	Elementary/Secondary (0-12) College (1-	l or 5+)	. Do NOT us	e retired.)								
N N	-00-											
COMPLETED	17. FATNER'S NAME (First, Middle, Last)				18. MOTHE	ER'S NAM	IE (First, Middle, Mai	den Surname)				
BE	Thomas W. R. Covinc	rton			Su	san	Irelar	nd				
TO E	19a. INFORMANT'S NAME (Type/Print)	19	b. MAILING	ADDRESS (Street a			oute Number, Cify or		Code)			
Ĕ	Thomas W. R. Covinc	1					., East			1601		
	20a. METHOD OF DISPOSITION	20h PLACE		F DISPOSITION (Na			DATE 20c.					
	1X Burief 2 ☐ Crematton 3 ☐ Ramoval from Str 4 ☐ Donation 5 ☐ Other (Specify)	ta cemetery, cri	emetory or of	her plecel								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Spri	ng F	22. NAME AN	mete.	ry	9-9 Ea	ston	MD.			
			1	Ne	wnam	Fu	neral E	Iome				
	TOHN R. MERCERON 200 S. Harrison St., Easton, MD.											
	23. PART t. Enter the diseases, or complication	a that caused the de	eath. Do n	ot anter tha mo	da of dyine	g, auch	as cardiac or ra	apiratory arr	rest.	Approximata		
- 9	interval Batween											
		INIBAT	00.	Fail.						Oneat and Death		
	disease or condition resulting in death) a. Kespiratory Failure Due to (or as a conscourance of):											
CERTIFICATION	Sequentially list conditions, b. PNEUMONIA											
AT	tif any, leading to immediate constitutions, DUE TO (OR AS A CONSEQUENCE OF):											
5	CAUSE (Disease or trijury C.	IE TO JOB AS A DONOR										
Ē	that initiated events reaulting in death) LAST	JE TO (OR AS A CONSE	OUENCE OF):								
50	d											
	PART II. Other significant conditions contribution	ng to death but not a	rasulting in	the underlying	Cattee ob	un in D	last I as una	*************				
	- Salances		acaiting ii	. the onderlying	cause giv	ren m r		AN AUTOPSY ORMED?	AW	RE AUTOPSY FINDINGS ILABLE PRIOR TO		
	- Scoliosis Mental Retardation Performed? 1 yes 2 no Performed? AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 yes 2 no											
X	MENTAL RETURDATION 1 YES 2 NO									YES 2 NO		
ä												
8	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEA	TN (Chec	k only one)					
Sic	HOSPITA	L: t 2 DER/Outpatient 3	DOA	OTHER: 4 - Nursing Nome	5 □ Reals	dence 8	Other (Specify)					
E		TE OF INJURY	28b. TIME	OF 28c. INJU			28d. DESCRIBE HO	W INJURY OCC	TIRED			
7	Pending	inth, Day, Year)	16170	JRY WOF	RK? ES 2 I				ONED			
	2 Accident Investigation 3 Suicide Could not be 28e, PL	ACE OF INJURY - At he	me form et			_						
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, atreet, factory, office building, atc. (Specify)						28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
E I												
집	29e. CERTIFIER (Check only	eat of my knowledge, de	ath occurred	d at the time, date a	and place, e	nd dua to	the cause(s) and r	nanner ea state	ed.			
8	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.											
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENS					A SAME OF THE SAME		
	Paul R. Stone				1 7	L OF	29d. DATE SIGNED (Month, Day, Yea			nth, Day, Year)		
임	30 NAME AND ADDRESS OF DEDSON WHO COMPLETED	1000 A 5000000 00 0000000000000000000000							9/5/9/			
TO BE COMPLETED BY PHYSICIAN: MEDICAL	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)											
	5/6 8 - 30 -	CAUSE OF DEATH (ITE	21) (1900, 1	/		-						
	540 RIVERSIDE	DR.	Suit	4 204	كب	SA	415Ba	Ry.	nd			
	540 RIVERSIDE 31. DATE FILED (Month, Day, Year) SEP 09 1991 54	DR STRAR'S SIGNATURE	Surt	4 204	لے	SAI	LISBa	Ry.	nd			

	1 - STATE REGISTRAR	STATE OF MARY	CERTIF			DEATH		REG. NO.		01 1			
	1. DECEDENT'S NAME (First, Middle, Las	Allen, Cep	has				2. DATE	E OF DEATH ()	8-31-	91 3.	TIME OF BEATH		
1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	GE (In yrs. last birthday)			IF UNDER 24 HRS.		OF BIRTH	71	6. BIRTHPL	VCE (State or Foreig		
1	217-10-8878	1 🔀 M 2 🗆 F	71 YRS.	MONTHS	DAYS	HOURS MIN.		th, Day, Year) -17 - 192	.0	MD .			
1		Y NAME (If not institution, give street and number)			9b. CITY, TOWN OR LOCATION				F DEATH ScCOUNTY				
ö	Dorchester Gene	ral Hospital		La Ca	imbr.	idge			no	rches	ter		
DIRECT	10a. STATE 10b. COUN	ITY	10c. Cf	TY, TOWN O	R LOCAT	ION		10d. INSIDE C					
	MD. Do	Dorchester			Cambridge					1,2			
3AL	10e. STREET AND NUMBER		10f. ZIP CODE					3 U					
ED BY FUNERAL	505 High Street		D MILLS ADMED	2161				NIC ORIGIN? (Specify Yea or No—					
	1 Never Married 2 3 Married 3 Wildowed 4 Divorced	FORCES? 1 Y	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO If Yes, specify Cuban, Maxican I ☐ YES 2 ☑ NO Specify:										
	15. DECEDENT'S Et (Specify only highest gra	18a. DECEDENT'S	S USUAL OC	CUPATIO	N at of worklog	18b. KIND OF BUSINESS/INDUSTRY							
LET	Elementary/Secondary (0-12)	Elementary/Secondary (0-12) College (1-4 or 5+)			(Give kind of work done during most of working life. Do NOT use retired.)								
COMPL	Secondary Secondary		Lal	Laborer						od Plant			
_	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S				Canh	0.6		
BE	Edgar W. Ceph 19a. INFORMANT'S NAME (Type/Print)	as	19b. MAILIN	G ADDRESS	(Street a	L1e		Pritc		_	15		
5	Aline S. Cepha	S											
	20a METHOD OF DISPOSITION 1 Burlet 2 Cremetion 3 Re		20b. PLACE AND DA	TE OF DISPO	OSITION			bridge, MD. 21613 DATE 20C. LOCATION — City or Town, Stata					
	4 Donation 5 Other (Specify)	emoval from State	Waugh (church	h Ce	metery	9/7	9/7/91 Cambridge, MD.					
	21. SIGNATURE OF PUNERAL SERVICE	LICENSEE		22. 1	NAME AN	D ADDRESS OF		Rennie	Sm + +1	Sarr	rices		
	* XORU #	Vince		.	p. 0	. Boy C				nith Services MD. 21643			
CERTIFICATION	Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that inlitted events resulting in death) LAST	Immediate ERLYING or Injury te DUE TO (OR AS A CONSEQUENCE OF):											
	DADT II. Other significant condition	dgnificant conditions contributing to death but not resulting in the underlying cause given						n Part I. 24a, WAS AN AUTOPSY			24b. WERE AUTOPSY FIN		
: MEDICAL	PART II. Other agginicant conditi					in the Underlying Cause given in Fa			PERFORMED? 1 YES 2 NO		AMAILABLE PRIOR T COMPLETION OF CO OF DEATH?		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТИБЕ		ACE OF DEATH	Check only	one)					
YSI		1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 8 Residence 6 Other (Specify)											
ву Рн	27. Natural 5 Pending 2 Accident Investigation	ar) II	286. TIME OF 286. INJURY AT WORK? M 1 YES 2 NO				281. LOCATION (Street and Number or Rural Route Number.						
ETED	3 Sulcide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, fac building, stc. (Spacify)					City or Town, State)							
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as										nd menner as e		
TO BE C	296. SIGNATURE AND THE OF CERTIFIC	ten a	TTENDING M.D. 290. LICENSE NUMBER 521527011					1)	29d. DATE SIGNED (Month, Day, You 9 - 4 - 9/		lorith, Day, Yber) -G/		
Check only 2 DETIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the car (Check only 2 DETIFYING PHYSICIAN: To the best of axamination and/or investigation, in my opinion, death occurred at the time, data only 29b. SISMATORE AND THE OF CERTIFIER ATTENDING M.D. 29c. LICENSE NUMBER 52/5270/30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF BEATH (ITEM 27) (Type, Print) 400 AUR ORU ST. (216/3)													
	31. DATE FILED (Month, Day, Year) SEP 0.5 199	32. REGISTRAR'S S	A	2									
	3EF 0 0 133	1 Januarian	(MOD)										
											DHMH		

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1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIE		25650
1. DECEDENT'S NAME (First, Middle Emil	DEF	= Yo		2. DATE OF DEATH MONTH 3	DAY - 9	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 186-01-4633	1 €M 2 □ F 9	YRS. MON	UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 04-15-1		Country) ITALY
99. FACILITY NAME (# not institution Howard Count RESIDENCE OF DECEDE	y General Hos		Columbia	DEATH	9c. COUNTY Howa	of DEATH
Maryland	Howard County		icott City			10d. INSIDE CITY LIMITS? 1 YES 2 NO
4605 Doncast	er Drive		101. ZIP CODE 21043		10g. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merrie 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 _ YES IF YES, GIVE WAR OR D	2NO	13. WAS DECENDENT OF HISPA II yes, specify Cuben, Mexic 1 YES 2 NO Spec	en, Puerto Ricen, atc.)		RACE — American Indian, Black, White, atc. Specify: White
Elementary/Secondary (0-12)	College (1-4 or 5+)		AL OCCUPATION tione during most of working red.) e Technicia		Indus	RY
17. FATHER'S NAME (First, Middle, L. ROSS	DeFe	<u> </u>	Maria		azza	
Joanna Cary 20a. METHOD OF DISPOSITION	200		oncaster Dr	ive,Elli		ity,MD 2104
1 Se Buriel 2 Cremetton 3 (4 Donetton 5 Other (Special Control of Funeral Service Control of Funeral S	Promoval from State Cert Corr Cor	netery, cremetory or other pour Lady M00535	of Grace Ce 22. NAME AND ADDRESS OF E Ellicot	m 9/5/9 MCLITY Slace t City, I	1 Ben k Fune Maryla	salem.PA ral Home nd 21043
shock, or heart from the shock, or heart from the shock, or heart from the shock of	DUE TO (OR AS A	ech line.	4	ch ss cardiac Dr rea _l	plratory arrest,	Approximate intervel Batwean Onset and Desth 2 4444
PART II. Other significant con	nditions contributing to death b	ut not resulting in th	a underlying cauae given in	Part i. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDI EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outs		28. PLACE OF DEATH (C			
27. MANNER OF DEATH 1 Natural 5 Pendin 2 Accident Investig		28b. TIME OF INJURY	28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	D .
3 Suicide 8 Could a 4 Homicide determine	28e. PLACE OF INJURY building, etc. (Spec	At home, ferm, atreet.	, factory, office	28f. LOCATION (Street City or Town, State	end Number or Re	ural Route Number,
29e. CERTIFIER (Check only one) 1 CERTIFYING 2 MEDICAL ED	PHYSICIAN: To the best of my know (AMINER: On the bests of examination	ledge, death occurred at a nend/or investigation, in	the time, date end place, end dur my opinion, death occured at the	time, date end place, e	enner ee ateted.	use(s) and manner as stated.
29b. SIGNATURE AND TITLE OF CE	RTIFIER		29c. LICENSE NU			NED (Month, Day, Year)
Strut the Die	ON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print) USC PSCELLT	Poslus, Col	uha, n	in 20	344
SEP 3 91	32. REGISTRAR'S SIGN		3 / 1			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. It is within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTO

OHMH-18 Rev 1/89

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		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notiffe
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	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	23
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	FOR STATE REGISTRAR	STATE OF MARY		TMENT OF H		MENTAL HYGIEN REG. NO		25651
	1. DECEDENT'S NAME (First, Middle, Last) CHRENCE 4. SOCIAL SECURITY NUMBER		Melvin DA	YHOFF OF T	AT IMPER AL INC	2. DATE OF DEATH MOVTH September 7. DATE OF BIRTH		3. TIME OF DEATH JAMES OF DEATH PLACE (State or Foreign
)	218-03-1728 9. FACILITY NAME (If not institution, give a	1 M 2 🗆 F	73⇒ 71 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Sept 27,1	917 Mar	yland
E O	425 Jefferson Sti			9b. CITY, TOWN C	rs town	DEATH	9c. COUNTY OF DI Washing	
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY	ington		town or Locat				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
RAL	100. STREET AND NUMBER 425 Jefferson St	reet		101	21740		10g. CITIZEN OF W	HAT COUNTRY?
В	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR W.W. II	S 2 NO	If yee, sp		ANIC ORIGIN? (Specify Yecen, Puerto Rican, atc.)	e or No- 14. RACE	American Indian, i, White, etc.
LETED	16. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	rork done during mo e retired.)			SINESS/INDUSTRY	
E COMPLETED	3 17. FATHER'S NAME (First, Middle, Lest) Caleb Jacob Dayho	off	maint	enance		aircr NAME (First, Middle, Melden ie Ellen Ga	Sumame)	
TO BE	19a. INFORMANT'S NAME (Type/Print) Bertha Mae Dayhof	f				al Route Number, City or Tow lagerstown,		0
	20e. METHOD OF DISPOSITION 12C Buriel 2 Cremetion 3 Rem 4 Donetion 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIK	novel from State	20b. PLACE AND DATE of cemetary, crematory Rest Have	or other place) n Cemete	ery	9/17 Hag	erstown,	
	· 50001	morin	nich			RAL HOME n Blvd., Ha	gerstown,	Md. 21740
CERTIFICATION	IMMEDIATE CALISE /Floor	B. DUE TO (OR AL	eech line.	E (a	n BAUG		iratory erreet,	Approximate Interval Between Onset and Death
PHYSICIAN: MEDICAL CI	PART II. Other algnificent condition	ne contributing to death	h but not resulting I	in the underlyin	g ceuse given		RMED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/0	Outpatient 3 🗆 DOA	OTHER:	Residence	Check only one)		
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJUR (Month, Day, Yea		URY WO	URY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCURED	
	3 Suicide 8 Could not be 4 Homicide determined	26a. PLACE OF INJU- building, etc. (S	JRY At home, farm, s Specify)	street, factory, offic	•	28t. LOCATION (Street City or Town, State	end Number or Rural i)	Route Number,
COMPLETED	onel	ER: On the best of my kn						e) end manner ee stated.
TO BE	206. SIGNATURE TONO ENTE OF CENTIFIE	") FAMICE	7 PHYS	KIAN	29c. LICENSE N	10MBER	29d. DATE SIGNED	(Month, Day, Year)
	STEDIFE! VIET	TWEE, M	9 /85	Frini) Hay	Kule	6- thec	STEER	lus
	31. DATE FILED (Month, Day, Year) SEP 16 '91	32. REGISTRAR'S SI	Savidson Pan	d.00				

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

- STATE REGISTRAR		CERTIFIC	CATE OF		REG. NO).	
1. DECEDENT'S NAME (First, Middle, Last) Andrea Her	nandez de d	hacon				DAY	YEAR 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR		September A DATE OF BIRTH	_	991 8:30 P 8. BIRTHPLACE (State or Foreign
None			ONTHS DAYS	HOURS MIN.	(Month, Dev. Year) Feb. 5,	- 1	Country) Guatemala
9a. FACILITY NAME (If not institution, give st	reet and number)	9	b. CITY, TOWN O	R LOCATION OF DEAT			TY OF DEATH
Shady Grove Adver	tist Hospita	1	Rockvi	ille		Me	ntgomery
RESIDENCE OF DECEDENT	,	100 CITY	TOWN OR LOCATI	ION		-	10d, INSIDE CITY
	one		olonia 1				I IMTS?
10e. STREET AND NUMBER	one			ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?
3rd Avenue Lot	749			Zona 18			atemala
11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13. WAS DECE	ENDENT OF HISPANIC	ORIGIN? (Specify Y		14. RACE — American Indian, Black, White, atc.
1 ☐ Never Married 2 ※ Married 3 ☐ Widowed 4 ☐ Divorced	FORCES? 1 TYES IF YES, GIVE WAR OR DAT		1 X YES	city Cuban, Mexican, 2 NO Specify:	Puarto Rican, atc.)		Specify:
			The second second	emalan		1	White
15. DECEDENT'S EDUC (Specify only highest grade		(Give kind of wor	SUAL OCCUPATIOn rk done during mos retired.)	DN st of working	16b. KIND OF B	USINESS/IND	USTRY
Elementary/Secondary (0-12) 12	College (1-4 or 5+)	Homen					
17. FATHER'S NAME (First, Middle, Last)		Homen	aker	18. MOTHER'S NAME		wn Ho	me
Leopoldo Alvarez					Hernandez		
19a. INFORMANT'S NAME (Type/Print)		19b, MAILING A	DDRESS (Street ar	nd Number or Rural Ro			Code)
Manuel Echeverri	a	204 Ba					20850
		204 Ed	st Argy	le Street	#1 Rock	ville	. Maryland
20a, METHOD OF DISPOSITION	20b.	PLACE AND DATE O	F DISPOSITION	le Street			Maryland City or Town, State
1 Neuriel 2 Cremation 3 Remo	oval from State 20b.	PLACE AND DATE O	of DISPOSITION other place)	(Name 9/12	/91 20c. L	OCATION —	City or Town, State
1 Nouriel 2 Cremetion 3 Reme	oval from State 20b.	PLACE AND DATE O	of DISPOSITION other place)	(Name 9/12	/91 20c. L	OCATION —	City or Town, State
1 Neuriel 2 Cremation 3 Remo	oval from State 20b. of of De.	PLACE AND DATE O	of DISPOSITION other place)	(Name 9/12	/91 20c. L	OCATION —	City or Town, State
1 Neurisi 2 Cremetion 3 Remed Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE 23. PART 1. Enter the diseases, proc	consistence of a personal property of the personal person	PLACE AND DATE Of the start, crematory or Hermano M00672 the death, Do not	or disposition of other place) Pedro 22. NAME AN HOME / B WISCOIT 3501	(Name 9/12 Cemetery ID ADDRESS OF FACI Bethesda — (ISIN Aven	Mix Mix Mix Chevy Chaue, Bethe	A. Puise, I	city or Town, Stata uatemala mphrey Funera. nc. 755 Maryland 2081
1 Neurial 2 Cremetion 3 Remed 1 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE 23. PART I. Enter the diseases, Dr cahock, Dr heart failure.	censee Sour J	PLACE AND DATE Of the start, crematory or Hermano M00672 the death, Do not	or disposition of other place) Pedro 22. NAME AN HOME / B WISCOIT 3501	(Name 9/12 Cemetery ID ADDRESS OF FACI Bethesda — (ISIN Aven	Mix Mix Mix Chevy Chaue, Bethe	A. Puise, I	City or Town, Stata uatemala mphrey Funera nc. 7557 Maryland 2081
1 Description 2 Cremation 3 Remoted 1 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIG 23. PART 1. Enter the diseases, or canock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition	coval from State 20b. of of De. CENSEE Complications that saved List only one cause on as	PLACE AND DATE Of the death. Do not chilina.	pr pisposition (ather place) Pedro Pedro 22. NAME AN HOME/B WISCOM 3501	(Name 9/12 Cemetery ID ADDRESS OF FACI Bethesda—(ISIN AVEN) da of dying, such	Mix WRobert Chevy Chaue, Bethe	A. Pulse, I	city or Town, Stata uatemala mphrey Funera nc 755 Maryland 2081 est, Approximata Interval Betwee
1 Departer 2 Cremetion 3 Remit 1 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC 23. PART 1. Enter the diseases, Dr cahook, or heart failure, IMMEDIATE CAUSE (Final	coval from State 20b. of column De. CENSEE Complications that saused List only one cause on as	PLACE AND DATE Of the death. Do not chilina.	pr pisposition (ather place) Pedro Pedro 22. NAME AN HOME/B WISCOM 3501	(Name 9/12 Cemetery ID ADDRESS OF FACI Bethesda—(ISIN AVEN) da of dying, such	Mix WRobert Chevy Chaue, Bethe	A. Pulse, I	city or Town, Stata uatemala mphrey Funera nc 755 Maryland 2081 est, Approximata Interval Betwee
1 Deute 2 Cremation 3 Remeded Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIG 23. PART 1. Enter the diseases, or cahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	coval from State 20b. of concentration of the complications that saused List pnly one cause on as a MYOCARIA DUE TO (OR AS A B. ANTERIOSCO.	PLACE AND DATE OF THE PROPERTY	pr pisposition (ather place) Pedro Pedro 22. NAME AN HOME/B WISCOM 3501	(Name 9/12 Cemetery ID ADDRESS OF FACI Bethesda—(ISIN AVEN) da of dying, such	Mix WRobert Chevy Chaue, Bethe	A. Pulse, I	city or Town, Stata uatemala mphrey Funera nc 755 Maryland 2081 est, Approximata Interval Betwee
1 Description 2 Cremation 3 Remed 6 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE 23. PART 1. Enter the diseases, proceedings of the service Lice and the ser	coval from State 20b. of concentration of the complications that saused List pnly one cause on as a MYOCARIA DUE TO (OR AS A B. ANTERIOSCO.	PLACE AND DATE Of the death. Do not chilina.	pr pisposition (ather place) Pedro Pedro 22. NAME AN HOME/B WISCOM 3501	(Name 9/12 Cemetery ID ADDRESS OF FACI Bethesda—(ISIN AVEN) da of dying, such	Mix Mix Chevy Chaue, Bethe	A. Pulse, I	uatemala mphrey Funera Maryland 2081 Approximata Interval Between
1 O'Souriel 2 Cremation 3 Remed 1 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE And Control of the Control	censee Complications that saised List pnly one cause pn as a pue to (or a) pue to (or as a pue to (or a) pue to (or a) pue to (or a) pue to (or a) pue to (or as a pue to (or a) pu	MOO672 the death. Do not chilna. CONSEQUENCE OF:	pr pisposition (ather place) Pedro Pedro 22. NAME AN HOME/B WISCOM 3501	(Name 9/12 Cemetery ID ADDRESS OF FACI Bethesda—(ISIN AVEN) da of dying, such	Mix Mix Chevy Chaue, Bethe	A. Pulse, I	city or Town, Stata uatemala mphrey Funera nc 755 Maryland 2081 est, Approximata Interval Betwee
1 Dental 2 Cremation 3 Remarks 1 Dental 2 Cremation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIGHT 23. PART 1. Enter the diseases, or cahock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	censee Complications that saised List pnly one cause pn as a pue to (or a) pue to (or as a pue to (or a) pue to (or a) pue to (or a) pue to (or a) pue to (or as a pue to (or a) pu	PLACE AND DATE OF THE PROPERTY	pr pisposition (ather place) Pedro Pedro 22. NAME AN HOME/B WISCOM 3501	(Name 9/12 Cemetery ID ADDRESS OF FACI Bethesda—(ISIN AVEN) da of dying, such	Mix Mix Chevy Chaue, Bethe	A. Pulse, I	city or Town, Stata uatemala mphrey Funera nc 755 Maryland 2081 est, Approximata Interval Betwee
1 Dental 2 Cremation 3 Remed 6 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIGht 12. Signature of Funeral Service Light 12. Signature of Funeral Service Light 12. Signature of Special Service Light	censee Complications that saised List pnly one cause pn as a pue to (or a) pue to (or as a pue to (or a) pue to (or a) pue to (or a) pue to (or a) pue to (or as a pue to (or a) pu	MOO672 the death. Do not chilna. CONSEQUENCE OF:	pr pisposition (ather place) Pedro Pedro 22. NAME AN HOME/B WISCOM 3501	(Name 9/12 Cemetery ID ADDRESS OF FACI Bethesda—(ISIN AVEN) da of dying, such	Mix Mix Chevy Chaue, Bethe	A. Pulse, I	city or Town, Stata uatemala mphrey Funera nc 755 Maryland 2081 est, Approximata Interval Betwee
1 Dental 2 Cremation 3 Remed 6 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIGht 12. Signature of Funeral Service Light 12. Signature of Funeral Service Light 12. Signature of Special Service Light	censee Complications that sused List pnly one cause pn as A DUE TO (OR AS A DUE TO (OR AS A C. OUE TO (OR AS A d	MOO672 the death. Do not chilina. CONSEQUENCE OF:	PEDISPOSITION (other place) Pedro 22. NAME AN HOME/B W15COT	(Name 9/12 Cemetery ID ADDRESS OF FACI Bethesda—(ISIN Avenu da of dying, such	TYROBERT Chevy Chaue, Bethe	A. Pulse, I	city or Town, Stata uatemala mphrey Funera nc 755 Maryland 2081 est, Approximata Interval Betwee
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2 Cremation 3 Remed Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIGHT Service LIGHT	censee Complications that sused List pnly one cause pn as A DUE TO (OR AS A DUE TO (OR AS A C. OUE TO (OR AS A d	MOO672 the death. Do not chilina. CONSEQUENCE OF:	PEDISPOSITION (other place) Pedro 22. NAME AN HOME/B W15COT	(Name 9/12 Cemetery ID ADDRESS OF FACI Bethesda—(ISIN Avenu da of dying, such	TYROBERT Chevy Chaue, Bethe	A. Purised in the second of th	city or Town, Stata uatemala mphrey Funera. Maryland 2081 set, Approximata Interval Betwee Onset and Data ACCITE 24b. WERE AUTOPSY FINDING AMALLABLE PRIOR TO COMPLETION OF CAUSE
23. PART I. Enter the diseases, or cahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	censee Complications that sused List pnly one cause pn as A DUE TO (OR AS A DUE TO (OR AS A C. OUE TO (OR AS A d	MOO672 the death. Do not chilina. CONSEQUENCE OF:	PEDISPOSITION (other place) Pedro 22. NAME AN HOME/B W15COT	(Name 9/12 Cemetery ID ADDRESS OF FACI Bethesda—(ISIN Avenu da of dying, such	TYROBERT Chevy Chaue, Bethe	A. Purised in the second of th	est, Approximata Interval Betwee Onset and Dai ACUTE 24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
1 Departed 2 Cremation 3 Remed 1 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE 23. PART I. Enter the diseases, Dr cahock, or heart failure. If IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	censee Complications that sused List pnly one cause pn as A DUE TO (OR AS A DUE TO (OR AS A C. OUE TO (OR AS A d	PLACE AND DATE OF THE PROPERTY	tha underlying	(Name 9/12 Cemetery ID ADDRESS OF FACI Bethesda—(ISIN Avenu da of dying, such	Art I. 24a. WAS.	A. Purised in the second of th	est, Approximata Interval Betwee Onset and Dai ACUTE 24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Enter the diseases, Dr cahock, or heart failure. 24. Signature of Funeral Service Lick or heart failure. 25. PART I. Enter the diseases, Dr cahock, or heart failure. 26. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 26. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A DUE TO (OR AS A OUE TO (OR AS A DUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A	PLACE AND DATE OF METAL CONSEQUENCE OF: It not resulting in the consequence of the conse	The pisposition of the piscolar piscola	(Name 9/12 Cemetery Dip Address of Facil Bethesda—(Bet	art I. 24a. WAS A PERF. 1 VES	DISCO, GA. PULSE, I	est, Approximate Interval Between Onset and Das ACSTE 24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
23. PART I. Enter the diseases, Dr cahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions 23. WAS CASE REFERRED TO MEDICAL EXAMINER? 124. WAS CASE REFERRED TO MEDICAL EXAMINER? 125. WAS CASE REFERRED TO MEDICAL EXAMINER? 126. WANNER OF DEATH	censee Complications that saused List pniy one cause on as a DUE TO (OR AS A DUE TO (OR AS A d. D. DUE TO (OR AS A d. D. DUE TO (OR AS A d. D. DUE TO (OR AS A d. D. DUE TO (OR AS A d. D. D. DUE TO (OR AS A d. D. D. D. D. D. D. D. D. D. D. D. D. D.	PLACE AND DATE OF THE PROPERTY	tha underlying the underlying 26. PL THER: Nursing Home Work 26. PL THER: WO THER:	(Name 9/12 Cemetery Department of the property	art I. 24a. WAS A PERF	DISCO, GA. PULSE, I	est, Approximate Interval Between Onset and Das ACSTE 24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
23. PART I. Enter the diseases, Dr cahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 13. YES 2 NO 27. MANNER OF DEATH 14. Natural 5 Pending investigation	DUE TO (OR AS A DUE TO (OR AS A C. OUE TO (OR AS A DU	PLACE AND DATE OF MODERATE OF STREET	tha underlying the underlying 26. PL THER: Nursing Home WE 26. INJI WO 1 Year WO 1 Year WO 1 Year The pisce of the pisce	(Name 9/12 Cemetery Department of Appress of Facel Bethesda (1sin Aven) Department of Appress of Facel Compared to Appress of Facel Bethesda (1sin Aven) Department of Appress of Facel Department of Appress of Appres	art I. 24a. WAS A PERFO	OCATION — CO., G. A. Pulsed I. Seda, I.	city or Town, Stata uatemala mphrey Funera naryland 2081 est, Approximata Intarval Betwee Onset and Das ACSTE 24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 VES 2 NO
23. PART I. Enter the diseases, Dr cahook, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 22. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH Netural 5 Pending	DUE TO (OR AS A C. OUE TO (OR AS A C. OUE TO (OR AS A DUE TO (OR AS A C. OUE TO (OR AS	PLACE AND DATE OF THE PLACE AND DATE OF THE	tha underlying the underlying 26. PL THER: Nursing Home WE 26. INJI WO 1 Year WO 1 Year WO 1 Year The pisce of the pisce	(Name 9/12 Cemetery Department of Appress of Facel Bethesda (1sin Aven) Department of Appress of Facel Compared to Appress of Facel Bethesda (1sin Aven) Department of Appress of Facel Department of Appress of Appres	art I. 24a. WAS A PERF- 1 Other (Specify) 28d. DESCRIBE HOW	DOCATION — GCO, GA. Pulsed, I	est, Approximate Interval Between Onset and Das ACSTE 24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

2

IO ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

)is cows ac MAYLE

91 SEP 09

32. REGISTRAR'S SIGNATURE
Likia Davidson Randoll

DHMH-16 Rev 1/89

TO THE HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 29 mours after death. Page 6 may be retained by the hospital or attending physician.	10 THE RANGEAL DISCORDS. After this centificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burist-transitive found with the State Deal, of Health and Mental Hydrine prior to burist, cremation, or restoral.	
by the hospital	be detached to	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
benitter at	te 5 should	notified
de 6 may b	Sector, pag	r must be
r death. Pa	te funeral d	examine
mous afte	Red in by th I, or remov	medical
od within 2	ompletely fi il, cremation	event, the
the execut	ician and o for to buria	raumatic
th certificati	O THE RONGRAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the has the within 70 trains after death with the State Deck, of Health and Mental Hydriene prior to burial, cremation, or removal.	or other
hat the dea	d by the att	ny injury,
w requires t	been signe f. of Health	shows a
AN: The in	uficate has a State Dec	r item 23
WE PHYSIC	the this certain	marked, c
A ATTENDO	RECTOR: A	ım 28 is
OSPITAL O	UNERAL D	WIT II IN
TO THE H	TO THE R	IMPORT

21. DATE FILED (MOON, Ow, West)
CED 1 () '91

52. REGISTRAN'S SIGNATURE

1. DECEDENT'S NAME (FIR	r, Microfin, Least)			RTIF			2.0	DATE OF DEATH		3000	3. TIME OF DEATH
RICHARD L	EE DA	VIS SR.					100	Sept 7,	199	O 1	10:50 a
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yes. last	DATE(Say)	F UNDER 1 YEAR	F UNDER 24	iens 7.0	ATE OF BIRTH	10.	B. BIRTH	PLACE (State or Foreign
220-28-14	43	12€ M 2 [F	56	YRS.	MONTHS DAVI	HOURE	MIN.	2-7-193	5	Mar	y yland
9a. FACILITY NAME (If not	institution, give a	street and number)			Bb. CITY, TOW	N OR LOCATION	_			INTY OF D	
10204 Gol	f Cou	rseRd.		- 1	000	ean Ci	tv		Was	ces	tor
RESIDENCE OF DE						cun cı	. 01		NO1	ces	cer
IOM. STATE	10b. COUNT	7/2		10e. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY LIMITS?
MD	Word	ester		00	ean C	ity					1 TES 2 1 NO
10s. STREET AND NUMBER						101. ZIP CODE			10g. CIT	TIZEN OF V	WHAT COUNTWY?
10204 Go1	f Cou	rse Rd.				2184	12			USA	
H. MARITAL STATUS			T EVER IN U.S. ARE			ECENDENT OF apacify Cuban.		RIGIN7 (Specify Yes	or No	14. RACE Black	- American Indian, White, wtc.
Naver Married 2 3 1 Wildowed 4 1 100			NAR OR DATES			ES 2X NO		The state of the s		Speci	Ŋ:
		1									ite
15, DE (Specify or	CEDENT'S EDU by highest grede	CATION i completed)	/G/	ve kind of y Do NOT us	USUAL OCCUPY work done during	ATION most of working		16b. KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary	(0-12)	College (1-4 or 5	*)			201					
		3	Dwne	er &	Oper			Resta		ıt_	
Ralph Wi	The state of the s	Davis				2727		Prot. Affoldis, Maiden	Surname)		
		Davis					_	Davis			
IBB. INFORMANT'S NAME		9 9	190					Number City or Town		(a Code)	
Richard	L. Da	vis Jr.		0ce	an Ci	ty, Ma	ryla	nd 2184	42		
	diseases, or heart failure.	Trus	at caused the de	eth. Do r	Bour	and address	nera	1 Home		lis	Approximate Interval Between
Sudl 28. PART I. Enter the	diseases, or heart failure.	Spensons the List only one can a. Meta	at caused the de	eth. Do r	Boun	nds Fu	nera g, such as	1 Home	, Sa	lis	Approximate Interval Betwo
28. PART I. Enter the shock, or immediate cause (F disease or condition	AL SERVICE LI Ad C diseases, or heart failure. inal itions, ediate VING jury	Ecomplications the List only one can a. Due To b. Due To c.	at caused the de- use on each line.	OUENCE OF	Boun not enter the	nds Fu	nera g, such as	1 Home	, Sa	lis	Approximate Interval Between
28. PART I. Enter the shock, or immediate CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to immediate, Enter UNDERLY CAUSE (Disease or in that initiated events	diseases, or heart failure.	Examplications the List only one can be described by the TC and the Control of th	at caused the deuse on each line. Latic O (OR AS A CONSECUTION AS A CONSE	OUENCE OF	Boun not enter the	nds Fu mode of dying	inera	1 Home cardiac or respi	AUTOPSY	nlis)	Approximate Interval Between
28. PART I. Enter the shock, or immediate Cause (F disease or condition resulting in death) Sequentially list cond if any, leading to immediate, Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LA	AL SERVICE LI diseases, or heart failure. inal itions, ediate ying jury ST	Examplications the List only one can be described by the TC and the Control of th	at caused the deuse on each line. Latic O (OR AS A CONSECUTION AS A CONSE	OUENCE OF	Boun not enter the solution of enter the solution of the solut	and aboness ands Fu mode of dying	inera	1 Home cardiac or respi	AUTOPSY	nlis)	Approximate Interval Betwo Onset and De Sy LS
28. PART I. Enter the shock, or shoc	AL SERVICE LI diseases, or heart failure. inal itions, ediate ying jury ST	Egamplications the List only one can a. Due to b. Due to c. Oue to d. HOSPITAL:	at caused the deuse on each line. Hatic O (OH AS A CONSECT O (OH AS A	QUENCE OF	22. NAME BOUI not enter the	and aboness ands Fu mode at dying Carrolle ying cause gh	OF FACILIT IN OF TA IN O	1 Home cardiac or respi	AUTOPSY	nlis)	Approximate Interval Betwo Onset and De Sy LS
28. PART I. Enter the shock, or shoc	AL SERVICE LI diseases, or heart failure. inal itions, ediate ying jury ST	Egamplications the List only one can a.	at caused the deuse on each line. Latic O (OH AS A CONSECT O (OH AS A	DUENCE OF	DOUI DOUI	and aboness ands Fu mode at dying Covicion Funce of Development The place of Development The	ven in Part	1 Home cardiac or respi	AUTOPST	alis)	Approximate Interval Betwo Onset and De Sy LS
28. PART I. Enter the shock, or immediate CAUSE (Fidisease or condition resulting in death) Sequentially list cond if any, leading to immediate, leading to immediate. CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other significations of the cause in the cause	AL SERVICE LI diseases, or heart failure. inal itions, ediate ying jury ST	Egaplications the List only one can a. Due to b. Due to c. Due to d. HOSPITAL: 1 Impetiant 2	It caused the deuse on each line. Tatic O (OR AS A CONSECT O (OR AS A CONSECT O death but not of ER/Outpatient 3 FINALITY ON, Ten?)	DOA 266, TIM	22. NAME BOUL BOUL FIGURE 1. 26 OTHER: 4	mode at dying and and appropriate the state of the state	ven in Part	1 Home candiac or respi	AUTOPST	alis) rrest,	Approximate Interval Betwo Onset and De Sy LS
28. PART I. Enter the shock, or immediate cause (Fedisease or condition resulting in death) Sequentially list cond if any, leading to immediate. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other signification of the cause. Examiner of the cause	AL SERVICE LI diseases, or heart failure. inal itions, ediate ying jury ST To MEDICAL	Egaplications the List only one can a. Due to b. Due to c. Due to d HOSPITAL: 1 Inpatient 2 28a. CATE O (Month.)	It caused the deuse on each line. Tatic O (OR AS A CONSECT O (OR AS A CONSECT O death but not of ER/Outpatient 3 FINJURY	DOA 266, TIM	22. NAME BOUL BOUL FIGURE 1. 26 OTHER: 4	mode at dying and and appropriate the state of the state	ven in Part	1 Home cardiac or respi	AUTOPSY MEED?	alis) rrest,	Approximate Interval Betwo Onset and Dr. S. J. S. S. S. S. S. S. S. S. S. S. S. S. S.
28. PART I. Enter the shock, or immediate CAUSE (Fidisease or condition resulting in death) Sequentially list cond if any, leading to immediate to immediate to immediate the cause. Enter UNDERST CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other signification of the condition of the cause of the c	AL SERVICE LI diseases, or heart failure. inal itions, ediate disease distered in the condition of the co	Egaplications the List only one can a. Due to b. Due to c. Oue to d	It caused the deuse on each line. Latter (OH AS A CONSECT (OH A	DOA 26b. TIM.	22. NAME BOUI not enter the BOUI Fit Fit In the underly A Mursing I EF OF 256. JURY M 1 street, factory, c	and aboness ands Fu mode at dying COVICIA Ving cause gh	ven in Part ATH (Check c 1) AND 286	1 Home , cardiac or respi	AUTOPSY WHEEP? In INO	ccuned or or flure:	Approximate Interval Betwo Onset and De S V V S S S S S S S S S S S S S S S S
28. PART I. Enter the shock, or immediate CAUSE (Fidisease or condition resulting in death) Sequentially list cond if any, leading to immediate to immediate to immediate the cause. Enter UNDERST CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other signification of the condition of the cause of the c	AL SERVICE LI diseases, or heart failure. inal itions, ediate fring lury ST TO MEDICAL Pending investigation Could not be determined RTIFYING PHYS	Egaplications the List only one can be depicted by the can be determined by the can be depicted by the can be determined by the can be depicted by the can be determined by	It caused the deuse on each line. I cau	DOA 26b. TIM.	22. NAME BOUI not enter the BOUI Fit Fit In the underly A Mursing I EF OF 256. JURY M 1 street, factory, c	ring cause gh	ven in Part ATH (Check c 1) AND 286	THOME candiac or respi	AUTOPSY NATOR NATURE OF NA	couned or or flural the causes	Approximate Interval Betwo Onset and De Sy LS

STORY I

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE OF	DEATH	REG. N	0.	
1. DECEDENT'S NAME (First, Mide	Ne, Last)				2. DATE OF DEATH		3. TIME OF DEATH
Marciano	Ruiz-Diaz				August	30, 199	6:40 A
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
218-17-5488	1 N 2 F	33 YRS.	MONTHS DAYS	HOURS MIN.	April 4,		Country)
9e. FACILITY NAME (If not institution	on, give street and number)		9b. CITY, TOWN	OR LOCATION OF D			Paraguay OF DEATH
Suburban Hos	pital		Beth	nesda		Mor	ntgomery
10a. STATE 10b.	COUNTY	40- 077	Y, TOWN OR LOCA				
Maryland	Montgemen						10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	Montgomery		Rockvill	. C			1 X YES 2 NO
200 Fact Are	yle Street,	2-1-4	10			10g. CITIZEI	N OF WHAT COUNTRY?
11. MARITAL STATUS		EVER IN U.S. ARMED	12 WAS DE	20850	NIC ORIGIN? (Specify)		aguay
1 Never Married 2 Marri		YES 2 NO	If yes, sp	secify Cuban, Mexic	en, Puarto Rican, atc.)	/ee or No 14	. RACE — American Indian, Black, White, atc.
3 Widowed 4 Divorced	11 123, 0172 18	ON DATES		s 2 □ No Speci iraguayar			Specify: White
15. DECEDEN (Specify only high	T'S EDUCATION pat grade completed)	18a. DECEDENT'S		ON		USINESS/INDUS	
Elementary/Secondary (0-12)	College (1-4 or 5+)		e retired.)	ost or working			
	4	General	L Contra	ctor	Co	nstruct	ion
17. FATHER'S NAME (First, Middle,	Last)			18. MOTHER'S NA	AME (First, Middle, Maide		
Not Avail				Not	Availabl	e	
19e. INFORMANT'S NAME (Type/Pr	nt)	19b. MAILINO	AOORESS (Street	and Number or Rural	Route Number, City or To	wn, State, Zip Co	de)
Dolores Vera		200 Ea	st Argy	le Stree	t, #4, Ro	ckville	, MD 20850
20e, METHOD OF DISPOSITION 1 A Burlel 2 Cremetton 3	☐ Ramoval from State	20b. PLACE AND DATE O	F DISPOSITION (Na	ame of	9/7/91 200.1	OCATION — City	or Town, Stata
4 Donation 5 Other (Spec	(fy)	Cemeterio	Don Bos	ano	Clu	dad Del	Este, Paragua
21. SIGNATURE OF FUNERAL SER	0	M00381	22 MARKE AL	UD ADDRESS OF TH			
Barbara yo/	ne mullen Ja	whence	Rocky	ille, Ir	ic. 300 W	est Mon	ome/ atgomery 20850-2805
23. PART I, Enter the diseas	sa, or complications that	caused tha death. Do no	ot antar the mo	da of dylon auc	has cardles or rea	yland 2	0850-2805
ahock, or heart to IMMEDIATE CAUSE (Final	allure. List only one caus	e on aach lina.		or o', o', o'	an de detalac of fee	piratory arrest	Intarval Batween
disease or condition	-		~	0	40	1	Onset and Daath
resulting in death)	DUE TO (OR AS A CONSEQUENCE OF	ce cen	02	The .	20210	> '
			,-				
Sequantially list conditions, if any, lasding to immediate	DUE TO (C	OR AS A CONSEQUENCE OF):				
cause. Enter UNDERLYING CAUSE (Disease or Injury							
that initiated events	OUE TO (C	OR AS A CONSEQUENCE OF):				
resulting in death) LAST	d						
PART II. Other algnificant co	nditions contributing to d	leath but not regulation in	a the smale delan			S. 240	
Dilas	0 0	21	una underlyini	g cause given in		N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
multi	1	to me &	Source	T em	VES YES	3 NO	COMPLETION OF CAUSE OF DEATH?
- rocal to	B16 -	neety	es.				1 TES 2 NO
25. WAS CASE REFERRED TO MED	ICAL						
EXAMINER?	HOSPITAL:		OTHER:	ACE OF OEATH (Ch	eck only one)		
YES 2 □ NO 27. MANNER OF DEATH		ER/Outpatient 3 DOA	4 - Nursing Hom		6 Other (Specify)		
1 Natural 5 Pendir			PY WO	RK?	28d. DESCRIBE HOW	INJURY OCCUR	ED
2 Accident investi		1 11 -	6 1 1 1 1	~	+211		
3 Suicide 8 Could 4 Homicide determ	load building, at		reet, factory, office		28f. LOCATION (Street City or Town, State	and Number 67-5	and whethe ma
29a. CERTIFIER	EGM				200 Ea	si ar	dile 24
(Check only	PHYSICIAN: To the best of m	ry knowledge, death occurred	d at the time, date	end place, end due	to the cause(e) and ma	nner as stated.	
2 MEDICAL E	XAMINER: On the beals of axa	mination and/or investigation	, in my opinion, d	eath occured at the	time, date and placa, a	nd due to the ce	use(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CE	minen			29c. LICENSE NUM	BER	29d. DATE St	GNED (Month, Day, Year)
ablo	Jamp	- me	7	208	ede	1 8	-30-91
30. NAME AND ADDRESS OF PERS	ON WHO COMPLETED CAUSE	OF OEATH (ITEM 27) (Type, I	Print)			1	2 The SUR
COHN	Tout	DOU	\$ 2	18 6	is son!	SIN +	am soe
31. DATE FILED (Month, Day, Year)	32. BEGISTRAR	S SIGNATURE					
SFD 0.4 '91	grima va	Marianian					

REGISTRAR		CENTIFI	CALE	FUEATH	REG. N	U.	
1. DECEDENT'S NAME (First, Middle, Last) Margaret Dr			H. DRO	WN	2. DATE OF DEATH MONTH SEPTEMBER	7,1991	
4. SOCIAL SECURITY NUMBER 093-10-1695	5. SEX 8. AGE (III	n yrs. leet birthday) 93 YRS.	· · · · · ·		7. DATE OF BIRTH (Month, Day, Year) 05/07	100	BIRTHPLACE (State or Foreign Country) ENGLAND
		,	9b. CITY, TOW	N OR LOCATION OF DI	EATH	9c. COUNTY	
Meridian Mehabe RESIDENCE OF DECEDENT	Nursing Cen	iter	Silve	Sprine	7	Mont	tgomery
10e. STATE 10b. COUNT	Y	10c. CITY	, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?
	ARUNDEL	GLE	N BURI			Toronto	1 YES 2 ND
	DCI E				16.1	10g. CITIZE	OF WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS	DECENDENT OF HISPAI	NIC ORIGIN? (Specify	Yee or No — 14	USA RACE — American Indian, Black, White, etc.
3 X Widowed 4 Divorced	IF YES, GIVE WAR OR DA		1 []	YES 2 A NO Specif	on, Puerto Rican, etc.) ly:		Specify: WHITE
(Specify only highest grade	CATION completed)	(Give kind of v	vork done during	ATION most of working	16b. KIND OF I	BUSINESS/INDUS	TRY
Elementary/Secondery (0-12)	College (1-4 or 5+)			NT	SVKS		
17. FATHER'S NAME (First, Middle, Last)		DALLED	LERBO			len Sumame)	
JOHN BREWER							
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADORESS (Str				
DONALD DROWN	(SON)				7		
4 Donetion 5 Other (Specify)	MI	other place)	TAN CR	EMATORY	ALE		y or Town, State A, VIRGINIA
21. SIGNATURE OF PUNERAL SERVICE LI	Skul		FRAN	CIS J. COL	LINS FUNE		
shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. April one cause on ea	Aspira CONSEQUENCE OF	neum neum Chro	Pneumonia		spiretory stress	t, Approximate Interval Between Onest and Dasth
PART II. Other significant condition	na contributing to death be	ut not resulting i	in the under	ying cause given in	Part I. 24s. WAS		24b. WERE AUTOPSY FINDINGS
Cervical (ancer					1/	AMAILABLE PRIDE TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL				8. PLACE OF DEATH (C/	heck only one)		
1 TYES 2 NO		atlent 3 DOA	OTHER:	Home 5 - Residence	8 Other (Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	INJ	M 1	WORK?	26d. DESCRIBE HO	W INJURY OCCU	RED
3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, atc. (Spec	— At home, farm, sifty)	street, factory,	office			Rural Route Number,
one)							
P. Hayun	1			-		29d. DATE S	GIGNED (Month, Day, Year)
	10 COMPLETEO CAUSE OF DE	ATH (ITEM 27) (Type	, Print)				
31. DATE FILED (Month, Day Year)	32. REGISTRAR'S SIGNA	ATURE		····			
SEP 10 1991	Fiche Savidson Por	ndelle					
	1. DECEDENT'S NAME (First, Middle, Last) Maygaret Dy 4. SOCIAL SECURITY NUMBER O93-10-1695 9e. FACILITY NAME (If not institution, give some separate of pecedent') 10e. STATE 10e. COUNT MARYLAND ANNE 10e. STREET AND NUMBER 7900 BENESCH CI 11. MARITAL STATUS 1 Never Married 2 Merried 3 X Widowed 4 Divorced 15. DECEOENT'S EQUIPMENT (Specify only highest grade processor of the county	1. DECEDENT'S NAME (First, Micidia, Last) Mayaaret Drown AKA Mi 4. SOCIAL'SCURITY NUMBER 99. FACILITY NAME (if not institution, give street and number) 99. FACILITY NAME (if not institution, give street and number) Meyabare Rehabe Nursing Cere RESIDENCE OF DECEDENT? 109. STREET 109. COUNTY MARYLAND ANNE ARUNDEL 1109. STREET AND NUMBER 7900 BENESCH CIRCLE 11. MARITAL STATUS 1 Never Marriad 2 Merriad 3 X Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Micidia, Last) JOHN BREWER 199. INFORMANT'S NAME (Type/Print) DONALD DROWN 20a. METHOD OF DISPOSITION 1 Duris 1 2 X Cremetion 3 Removed from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSE A DUE TO (OR AS A CAUSE of Scene or conditions resulting in death) 23. PART I. Effect the diseases, or complications that caused shade and stat	1. DECEDENT'S NAME (First, Micidia, Last) Mayaaret Drown AKA MARGARET 4. SOCIALS@CURITY NAMER OP 3 - D - Q 5 1 M 2	1. DECEDENT'S NAME (First, Middle, Last) MAY ALL STATUS 4. SOCIAL'S GUINTY NAME (If not institution, give street and number) 5. SEX 5. SEX 6. AGE (in yrs. Inst brinday) 7. SEX SEX SEX SEX SEX SEX SEX SEX SEX SEX	SOCIAL SEQUENT'S NAME (PINK, MODIN, LAST) SACE (SIT YEAR AS DECENSIVELY NAME) SACE (SIT YEAR AS DECENS	December Name (First Mose) Last) ARAM MARGARET H. DROWN S. SEX A. DROWN S. SEX S. DROWN S. DROWN S. SEX S. DROWN S. D	DOCASEDETTS MANE (Prot. Mosco, Las) AKA MARGARET H. DROWN AS DELAYSQUITY NOMBER 4. SOCIAL SQUITY NOMBER 5. SEX A MOSC (Pr. Yrs. Met bending) SOCIAL SQUITY NOMBER 5. SEX A MOSC (Pr. Yrs. Met bending) SOCIAL SQUITY NOMBER 5. SEX A MOSC (Pr. Yrs. Met bending) SOCIAL SQUITY NOMBER SOCIAL SQUITY NOM

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	r a Calpa
TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunia-transit permit. Pages 1, be filled within 72 hours after death with the State Deor, of Health and Mental Hodele prior to bunia, cremation, or removal	Pages 1, 2,
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	e de la

	91-5163-510 FOR										Q	1 '	25656
	1 - STATE REGISTRAR	STATE OF I	MARYLAND A	DEPAR	RTMENT	OF H	DEATH	AND I		HYGIEN	E		20000
	1. DECEDENT'S HAME (First, Middle, Last)				IOAIL	. 01	DEA		2. DATE OF				3. TIME OF DEATH
	<u>Kevin</u>		Dill	lon					09	07	199	YEAR I	5:05 P
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER	_	IF UNDER		7. DATE OF (Month, D	BIRTH		8. BIRTH	PLACE (State or Foreign
	220-78-9031	1 M 2 - F	31	YRS.	MONTHS	DAYS	HOURS	MIN.	MARCI	I 10,	1960	MAR	YLAND
1	9a. FACILITY NAME (If not institution, give :	street and number)			9b. CITY,	TOWN C	R LOCATI	ON OF DE			_	NTY OF DE	
Ö	Shock Trauma	Center			Ba1	tin	ore	_			BA	LTIM	ORE
DIRECTOR	10e. STATE 10b. COUHT	Y		10c. CIT	Y, TOWN O	R LOCAT	ION						10d. IHSIDE CITY
	MD. ANN	E ARUNDE	L		ANNAI	POLT	S						LIMITS?
IAL	10e. STREET AND HUMBER					-	ZIP COD	E			10g. CITI	ZEN OF W	HAT COUHTRY?
FUNERAL	245 BOXWOOD C						21	401			1	U.S.	A.
5	11. MARITAL STATUS 1 X Never Married 2 Merried	FORCES? 1	T EVER IN U.S. AF	MED HO	13. V	MAS DEC	ENDENT C	OF HISPAH	HIC ORIGIH? (S	pecify Yes	or No-	14. RACE Black.	- American Indian, White, etc.
В	3 Widowed 4 Divorced	IF YES, GIVE V	MAR OR DATES				2 X HO			,,		Specif	y:
ED	15. DECEDENT'S EDU	CATION	18e. DE	CEDENT'S	USUAL OC	CUPATIO	ON		16b, KII	ID OF BUS	SINESS/IHD	USTRY	WHITE
Щ	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5		ive kind of Do NOT u	work done d se retired.)	luring mo	st of working	ng					
COMPLETED	12			WAIT	ER					REST	AURA	NT	
00	17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S HA	ME (First, Midd	lle, Maiden	Surname)		
BE	JAMES R.	DILLON	JR.						LORES	A.	WOR		
5	19a. INFORMANT'S NAME (Type/Print) DELORES A. W	ARNER	19						Route Number,				
	20e METHOD OF DISPOSITION		205 01 405	1522			VIE	w R					MD. 21035
ij	1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ovat from State	20b. PLACE, CHAME	THE RES	ther place)	/ΔΨΩ	ne or	0/	11/91		VERDA		
	21. SIGHATURE OF FUHERAL SERVICE LIC	CEHSILI	/ 0				D ADDRE	SS OF FA		1/1	A EUD!	وناسله	MD.
- //	1/1/1/C	nm/	un Alla	0000	, ,,				~				
	23. PART I. Enter the diseases, or	Omplications the		0009		W.	CHA!	MBER	S CO.,	KIV	ERDAI	E, N	D. 20737
	shock, or heart fellure. IMMEDIATE CAUSE (Final	List only one ceu	ise Dn each line).			ac or ay	ng, auci	ii es calulaç	от геари	ratury arr	est,	Approximate Interval Between
		. CRA	NO CE	REBI	RAI.	11	1.111	RIE	S				Onset and Deat
	resulting in death)		(OR AS A CONSE			()	0 011	1100					
Z	Sequentially list conditions,	b											
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A COHSE	DUEHCE O	F):								
FI	CAUSE (Disease or Injury that initiated eventa	C. DUE TO	(OR AS A COHSE	DUEHCE O	n.								
E	resulting in death) LAST		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,								
	PART II. Other clashillout and district												1
PHYSICIAN: MEDICAL	PART II. Other algoliticant condition	a contributing to	death but not r	eaulting	n the unc	derlying	cause g	lven in	Part I. 24	PERFOR	AUTOPSY MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Ē									— 1 <i>1</i>	YES 2	□ но		COMPLETION OF CAUSE OF DEATH?
Σ									`				1 YES 2 HO
A	25. WAS CASE REFERRED TO MEDICAL					26 PI	ACE OF D	EATH (Ch.	eck only one)				
Sic	EXAMINER? 1X YES 2 HO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	:							
¥	27. MAHNER OF DEATH	28e. DATE OF	INJURY	28b. TIM	E OF	28c. IHJU	JRY AT	sidence	8 Other (Sp 28d. DESCRI		JURY OCC	URED	
BY F	1 Hatural 5 Pending 2 Accident Investigation	(Month, D			NA M	1 🔲 Y	ES 2 X	но	Opera	tor	iņ_	moto	orcycle/
	3 Suicide 6 Could not be	26e. PLACE O building,	F IHJURY — At ho	me, ferm, a	treet, facto	ry, office			261. LOCATIO	N (Street e	nd Number	or Rural Ro	ute Number,
E	4 Homicide determined	on s	treet]			Rte. &F B		(E)2/10
P.	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI	CIAH: To the best of	my knowledge, de	ath occurre	d at the tin	ne, date	end place,	end due	10 the couse(e) end men	ner ee atate	d.	
COMPLETED	2 MEDICAL EXAMINE	R: On the basis of e	tamination end/or i	nvestigatio	n, In my op	Inlon, de	ath occur	ed at the t	lime, date end	piece, end	due to the	ceuse(e)	end menner se stated.
BE (29h SIGNATURE AND TITLE OF CERTIFIE	1.10	h				29c. LICE	NSE HUM	IBER		29d. DATE	SIGHED (Month, Day, Year)
0	ment. X	BULL	11	d			0.	C.M	.Е.		0	9 08	1991
	30. HAME AHD ADDRESS OF PERSON WH	COMPLETED CAUS	SE OF SEATH (ITE										
- 1	WARIOT. COULCE	Jr. W	11/ 11	1 Pe	nn S	Stre	tac	Ra	1 timo	ral	Mary	land	21201
- 11	31, DATE FILED (Month, Day Year)	32 PENICYDA	D'S SIGNATURE			0 2 (Du	T C T III O	C	ICI V	Tall	
	SEP 1 0 91	32. REDISTRA	A'S SIGHATURE					Du	I C I III O		rar y	Tall	

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1	1. DECEDENT'S NAME (First, Middle, La		CERTIFI	CATE OF	DEATH	REG. NO	E	
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3P)	216-03-0307 9a. FACILITY NAME (If not institution, git	1 M 2 D F	82 YHS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		1908	BIRTHPLACE (State or Foreign Country) Maryland
E SE		L HOSPITAL AS			EN BURNIE		9c. COUNTY	A.A. COUNTY
O. H. P.		NTY e Arundel		n Burni				10d. INSIDE CITY LIMITS? 1 YES 2 1 NO
rial-transit permit.	306 D. Street	S.W.		10	7. ZIP CODE 21061		77.5	OF WHAT COUNTRY?
BY the by	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2V NO	If yes, sp	CENDENT OF HISPANI Hecity Cuban, Maxican B 2 NO Specify:	C ORIGIN? (Specify Yas , Puarto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify: White
once. COMPLETED	15. OECEDENT'S E (Specify only highest gn Elementary/Secondary (0-12) Grade ~ 8 17. FATHER'S NAME (First, Middle, Last)	DUCATION ude completed) College (1-4 or 5+) None	18. OECEOENT'S U (Give kind of we life. Do NOT use Machini	ork done during mo retired.)	ost of working		n Elec	tric Co.
a to	Domonick	Duly			Margare		(Goller
5 sho	19a. INFORMANT'S NAME (Type/Print) Mildred E. Duly		306 D.	Street	S.W., G1	oute Number, City or Tow en Burnie	n, State, Zip Code	0)
must	20a. METHOD OF DISPOSITION 1 X Buriet 2 Cremation 3 Real 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	emovat from State Ca	ob. PLACE AND DATE OF ametery, crematory or oth Slen Haven	er place) Mem. P	ark 09-0	4-91 Gle	CATION - City of	
al. examiner	▶ Polist I	heger of	whom	The	Kirkley	Funera		ne cnie, MD 210
completely filled in by the ial, cremation, or removal event, the medical	23. PART I. Enter the diseases, of ahock, or heart failur iMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. List only one cause on a. Celly OUE TO (OR AS	vasculo	antar tha mo	eciden	as cardiac or reapi	retory arrest,	Approximata interval Batwe Onset and Date
0.00	H .		A CONSEQUENCE OF):					
is Hygiene prior to burial, or other traumatic ever ERTIFICATION	Sequantially list conditions, if smy, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evanta resulting in daath) LAST	bDUE TO (OR AS	A CONSEQUENCE OF: A CONSEQUENCE OF:					
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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR											
1. DECEDENT'S NAME (First, Middle, Last)						2. DAT	OF DEATH	DAY	YEAR	3. TIME OF D	
	TH DEN						3		91	5:53	
4. SOCIAL SECURITY NUMBER 216-22-0070		AGE (In yrs. lest i		THE DAYS	IF UNDER 24 HF	40.4	of BIRTH th, Day, Year) - 18-	-08	Vii	ginia	
8496 North Ber	98. FACILITY NAME (If not institution, give street and number) 8496 North Bend Road							Tal.	INTY OF D	EĂTH	
10a, STATE 10b, COUNT	Т		10c. CITY, TO	WN OR LOCA	TION					10d. INSIDE (
Maryland Ta	Lbot		East	on	1. ZIP CODE			Ι		1 TYES 2	_
	100. STREET AND NUMBER 8496 North Bend Road								USA	WHAT COUNTR	
11. MARITAL STATUS 1 Never Married 2 Married 3 Vidowed 4 Divorced	12. WAS DECEDENT EN FORCES? 1 I	YES 2 THE	NED O	If yes, sp	CENDENT OF HI becify Cuben, Mo 5 2 X NO S	exican, Puerto	N? (Specify Yo Rican, etc.)	ea or No—	14. RAC Blac Spec		Indian,
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		(GM life. I	EDENT'S USU TO kind of work Do NOT use re	done during mi ired.)	ON ost of working	16	b. KIND OF BI	JSINESS/IN			
17. FATHER'S NAME (First, Middle, Last)		HOI	memak	er	16 MOTHER!	P NAME /First	Middle, Maide	e Comemal			
George Cornwell	11						Pola				
19a. INFORMANT'S NAME (Type/Print)	No. 4/40	19b.	MAILING AO	ORESS (Street	and Number or R				ip Code)		
Doloris J. Fli	ing	84	496 N	orth	Bend	Rd.	East	on -	MD		
20a. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Ref		20b. PLACE	ANO OATE OF	DISPOSITION				OCATION -		own, Slate	
4 Donation 5 Other (Specify)		Park	lawn	Cemet		19-	6 R	ocky	$ill\epsilon$	MD.	
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	1 - FOR STATE REGISTRAR	TATE OF MARYLAND	/ DEPARTMENT 0 CERTIFICATE (MENTAL HYGIEN	_					
	1. DECEDENT'S NAME (First, Middle, Last)	R Fox			2. DATE OF DEATH D	WG 9"	3. TIME OF DEATH				
	212-09-1782 1	- (782 1) MM 2 F YRS. MONTHS DAYS HOURS MIN. (Magnin, Day, Year)									
TOR	9e. FACILITY NAME (If not institution, give street as University Hospital RESIDENCE OF DECEMENT	nd number)		vn or Location of D ltimore	EATH	Sc. COUNTY C	F DEATH				
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. IHSIDE CITY LIMITS? 1										
FUNERAL		EST AVE		10f. ZIP CODE	74	10g. CITIZEN	OF WHAT COUNTRY?				
B	1 Never Married 2 W Married	MAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 FYES, GIVE WAR OR DATES	NO If yes	DECENDENT OF HISPAI , specify Cuben, Mexico YES 2 NO Specifi	NIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.) fy:		ACE — American Indian, lack, White, atc.				
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade compil Elementery/Secondery (0-12) 1 2 + b. graph december (1-12)	eted)	DECEDENT'S USUAL OCCUP (Give kind of work done during life. Do NOT use retired.)	ATION most of working	18b. KIHD OF BU						
at once.	12th grade 17. FATHER'S NAME (First, Middle, Last) Abe Fox		Designer		ME (First, Middle, Maiden		ta				
TO B	190. INFORMANT'S HAME (Type/Print) Anne Fox		196. MAILING ADDRESS (Str.	et end Number or Rural		n, State, Zip Code					
examiner must be	Anne Fox 4111 Hillcrest Avenue, Hampstead, Md. 21074 20a. METHOD OF DISPOSITION 1										
	22. NAME AND ADDRESS OF FACILITY Eline Funeral Home 934 S. Main St., Hampstead, Md. 21074										
ry, or other traumatic event, the medical	23. PART I. Enter the diseases, pr compileations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, interval Batween Onset and Death Approximate interval Batween Onset and Death Due to (or as a consequence of): Bequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):										
: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FIND AMILIABLE PRIOR TO COMPLETION OF CALL OF DEATH? 1 YES 2 NO										
SICI		SP!TAL:	OTHER:	PLACE OF DEATH (Ch							
marked, or BY PHYS	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF NJURY (Month, Dely Year)	26b. TIME OF 1NJURY 28c.	INJURY AT WORK?	28d. DESCRIBE HOW II	HJURY OCCURED					
TED 28 15	2 Accident Investigation 3 Suicide 6 Could not be determined 4 Homicide determined 28e. PLACE OF IHJURY — At home, ferm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
O BE COMPLET	2 MEDICAL EXAMINER: On t	To the beat of my knowledge, on the beele of examination end/or	feath occurred at the lime, d	ate end place, end due	to the cause(s) and man	ner se stated.	e(e) and menner se stated.				
TO BE	296. SIGNATURE AND TITLE OF DENTIFIED 296. DATE SIGN										
	30. NAME AHD ADDRESS OF PERSON WHO COM	PLETED CAUSE OF DEATH (IT	EM 27) (Type, Print)								
		Lika Davidson Par	rdella.								

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

F.

10b. COUNTY

9e. FACILITY NAME (If not institution, give street and number)

SUBURBAN HOSPITAL

RESIDENCE OF DECEDENT

SAMUEL

4. SOCIAL SECURITY NUMBER

577-05-8169

1 -

10a. STATE

重	0			WAS	HINGTO	N, D.C.					
t permit	UNERAL	10e. STREET AND NUMBER			10	f. ZIP CODE					
an.	9	4446 Ellicott Stre				20016					
attending physician. Ise as the burial-transit	BY F	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	13. WAS DECENDENT OF HISPANIC ORIGIN? (S. If yes, specify Cuben, Maxican, Puerto Ricar 1 YES 24 NO Specify:						
or attend	ETED	15. OECEDENT'S EDUCA' (Specify only highest grade co	FION mpleted)	18a, DECEDENT'S US (Give kind of work	done during mo	ON ost of working	16b. KIND (
retained by the hospital of 5 should be detached for rettled at once.	PLE	Elementary/Secondary (0-12)	tate A		Comme						
the hos detach once.	COMPL	17. FATHER'S NAME (First, Middle, Lest)		Mear BB	cace A	18. MOTHER'S NAM					
# 8 E		Isaac Felker Celia G									
retained 5 should notified	TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	and Number or Rural Ru					
	۲	Edward A. Felker				Forest La					
6 may stor, pa		20a. METHOO OF DISPOSITION 1 M Burlel 2 Cremation 3 Remove 4 Donation 6 Other (Specify)	of from State Com	PLACE AND DATE OF D	place)	me of	9-6 S				
Page al dire		21. SIGNATURE OF FUNERAL SERVICE LICEN		^							
death. Page funeral direct.		Dai al O	On.	(),		n Gawler					
after of the imoval.		23 PART I Enter the diseases or our		thon	5130	Wisconsin	Ave.,				
		23. PART I. Enter the diseases, or cor shock, or heart failure. Lis	it only one ceuse on e	the death. Do not ach line.	enter the mo	de of dying, auch	as cardlec or				
tion,		IMMEDIATE CAUSE (Finel disease or condition	0	577 Dis/1	Dil n	- 10 X	, (
te be executed within sician and completel prior to burial, crema traumatic event, CATION		resulting in death)	OUE TO (OB-AS A	CONSEQUENCE OF:	UNIV	DNITT	×				
	ICATION	Sequentielly list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury	b. MY GNIC CONCESTIVE MEAST DUE TO (OR AS A CONSEQUENCE OF):								
n certing anding Hygien	CERTIF	that initieted events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
law requires that the deat is been signed by the atte ept. of Health and Mental 23 shows any injury,	MEDICAL	PART II. Other significant conditions of	contributing to death by	ut not resulting in the	ha underlying	cause given in P	Part I. 24a. W				
	Ä										
H at at	PHYSICIAN:		IOSPITAL:	atlent 3 Dos S	HED.	ACE OF DEATH (Chec					
PHYSICIA this certif with the ted, or	퓼	27 MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJ		28d. OEŞCRIBE H				
DING PHYSI After this c death with	ВУ	1 Netural 5 Pending Investigation	(Month, Day, Ibal)	INJURY		ES 2 NO					
TTENDI TOR: A after de 28 Is	TED 6	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, larm, stree	t, factory, office		28I, LOCATION (S City or Town,				
	PLE	29a. CERTIFIER	N: To the heat of my heavy								
TO THE HOSPITAL TO THE FUNERAL Be filed within 72	COMP	(Check only one) MEDICAL EXAMINER: (N: To the best of my knowled On the besis of examination	and/or investigation, in	my opinion, de	and place, and due to eath occured at the ti	o the cause(s) and me, data and place				
TO THE HOSPITA TO THE FUNERAL De filed within 72 MPORTANT: If	Ö	296: SIGNATURE AND TIPLE OF DERTIFIER	n			29c LICENSE NUMB					
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	TO BE	1 (.C. Ite	Lexio	MI	>	DO11	10				
10		30. NAME AND ADDRESS OF PERSON WHO	OMPLETEO CAUSE OF OEA	TH (ITEM 27) (Typy, Prig	2521	as SA	Mi				
		31. DATE FILED (Month, Day, Year) SEP 06 91	32. REGISTRAR'S SIGNA	ATURE 10		- 111					
₽		32, 3 0 1	- woward	manufacture of							

FELKER SAMUEL

5. SEX

1 X M 2 - F

CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS.

BETHESDA

FELKER

10c. CITY, TOWN OR LOCATION

F.

YRS.

6. AGE (In yrs. last birthday)

80

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH 10:06 A M SEP 7. DATE OF BIRTH Sept. 20, 1910 8. BIRTHPLACE (State or Foreign Washington, D.C 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH MONTGOMERY 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, atc. Specify: White F BUSINESS/INDUSTRY rcial Real Estate faiden Surname) stein or Town, State, Zip Code) vy Chase, MD. 20815 c. LOCATION — City or Town, State uitland, Maryland Inc. N.W. Wash. D.C. 20016 reapiratory arrest, Approximeta Interval Between **Onset and Death** 24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE S AN AUTOPSY ES 2 NO 1 - YES 2 NO OW INJURY OCCUREO treet and Number or Rural Route Number, State) manner as stated. a, and due to the cause(s) and manner as stated.

	1 - FOR STATE REGISTRAR	TATE OF MARYLA			HEALTH AND	MENTAL HYGIEN REG. NO.		20001			
		X				2. DATE OF DEATH	9	YEAR 7,000 A M			
		SEX 8. AGE (In	yrs. last birthdey) 96 YRS.	HONTHS DAY		7. DATE OF BIRTH (Month, Day Year) 18	895	BIRTHPLACE (State or Foreign Country) Maryland			
	9a. FACILITY NAME (If not institution, give street				OR LOCATION OF DI	EATH		Y OF DEATH			
2	Hebrew Home of Greatesidence of Decedent	iter Washing	gton	Rock	ville		Mont	gomery			
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?										
LD	Washington, D.C. 1 ≥ 100. STREET AND NUMBER 100. STREET AND NUMBER 100. CITIZEN OF WHAT COL										
ERA	6101 16th. St., N.	.W.			20011			ed States			
BY	11. MARITAL STATUS 12. 1 Never Married 2 Married 3 Wildowed 4 Divorced	HTAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR OATES				NIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.) y:	or No- 1	4. RACE — American Indian, Black, White, atc. Specify: White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com	pleted)	16a. DECEDENT'S (Give kind of	USUAL OCCUP work done during se retired.)	TION most of working	16b. KIND OF BU	SINESS/INDU	STRY			
PLE	Elementary/Secondary (0-12) Co	ollege (1-4 or 5+) 2	Housewi			Own He	ome				
S	17. FATHER'S NAME (First, Middle, Last)				ETHICS COLUMN	ME (First, Middle, Maiden	_				
BE	Harry Mensh 19a. INFORMANT'S NAME (Type/Print)		19b MARING	ADDRESS /Stree	Rebec	ca Mervi: Route Number, City or Tow		and a land			
일		(daughter)	6101			.,Washingt					
	20a. METHOD OF OISPOSITION 1X Burial 2 Cremation 3 Removal	from State 20b.	other place)		cemetery, crematory or			ty or Town, State			
	4 Donation 5 Other (Specify)		kro Kode		etery AND ADDRESS OF FA		timore	e, Maryland			
	· Paul Wta	gan		Danz	ansky-Gol	dberg Memo		Chapels, Inc. Le, MD.20852			
	23. PART I. Enter the disesses, or com ahock, or heart fallure. List	dicetions that caused only one ceuse on ea	the deeth. Do	not enter tha	moda of dying, aud	ch as cardiac or resp	iratory arres	Approximate Interval Between			
	IMMEDIATE CAUSE (Final Onset and Destit										
NO	disease or condition resulting in desth) Stroke with dysphagia 2/2 wee DUE TO (OR AS A CONSEQUENCE OF): Multi-Infant Dementia DUE TO (OR AS A CONSEQUENCE OF): A SHD with Capacitive Heart Failure 6 yrs DUE TO (OR AS A CONSEQUENCE OF): A SHD with Capacitive Heart Failure 6 yrs DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	csuse. Enter UNDERLYING CAUSE (Disease or Injury	ASHD	with	Co	pagesti	Ve Hear	ta	lure 6405			
H	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	IF):	0						
	PART II. Other significent conditions of	ontributing to death by	t not resulting	In the underly	dan cours alves la	Part I. 24a, WAS AN	ALITOREY	24b. WERE AUTOPSY FINDINGS			
CAL	Rheumotoud Ar		Blind		eaf	PERFOI	RMED!	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDI	Diabetes Melli	tus Won In	sulin De	person	-)		E E NO	OF DEATH? 1 ☐ YES 2 ☑ NO			
- E		raccular de	genera								
Sic.		OSPITAL:	elem A DOA	отнея:	PLACE OF OEATH (C)						
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIR		INJURY AT	28d. DESCRIBE HOW	INJURY OCCU	JRED			
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		M 1	WORK? YES 2 NO						
ETED	3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY building, atc. (Speci	— At home, farm,	street, factory, o	ffice	281. LOCATION (Street City or Town, State)	and Number o	r Rural Route Number,			
COMPLE	29e. CERTIFIER (Check only one) 2							d. cause(a) and manner as stated.			
TO BE	29 SIGNATURE AND TITLE OF CERTIFIER	n	20		D355	T9	29d. DATE	SIGNED (Month, Day, Year)			
F	Susin J. M. Hor, m	D Hebraul	tome of	GAV. M	ash. 6121	montrase	Rd	20852			
	SFP 04 91	32. REGISTRAR'S SIGNA Julia Sa		2.00							

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PHYS	this c	rked,
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TEN	after after	28 1
TO THE HOSPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Jours after death. Page 6 may be retained by the hospital or after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Deat, of Health and Mental Hydelene brior to burial, cremation, or named.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF P	MARYLAND /				EALTH DEAT		MENTA	L HYGIEN	E .	91	25662
	1. DECEDENT'S NAME (First, Middle, Last) KENNETH			I	FORNE	EY				2. DATE OF DEATH			3. TIME OF DEATH 2:35 PM
1	4. SOCIAL SECURITY NUMBER 225 09 8094	5. SEX 1 📉 M 2 🗌 F	6. AGE (In yrs. les 78	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	(Monti	E OF BIRTH 8. BIR COL		8. BIRTH Count	IPLACE (State or Foreign ry)
) HOT	as. FACILITY NAME (If not institution, give st NORTH ARUNDEL HO RESIDENCE OF DECEDENT		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF D					aryland COUNTY					
DIRECTOR										10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER Arundel Center 73	355 Furna	ce Bran	ch R	đ	10f	. ZIP CODE		061		10g. CIT		WHAT COUNTRY?
B≺	11. MARITAL STATUS 1- Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 1			It yes, sp	ENDENT O	n, Mexice	n, Puerto I	17 (Specity Year Rican, etc.)	or No-	14. RACI Black Spec	E — American Indien, k, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5	(G	CEDENT'S live kind of Do NOT us	work done		ON st of workin	g	186	KIND OF BUS	SINESS/INC	DUSTRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) SAMUEL FORNEY							В	ESSI		TER		
2	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	S (Street a	nd Number	or Rurel F	Route Numb	per, City or Town	n, Stete, Zip	Code)	
		n state	20b. PLACE / cemetery, cre		ther place)				DAT		CATION		
	21. BIGHATUME OF FUNDERAL SERVICE LIC	Wille		20/9	1 6	55 W	. Bal	Ltim	ore :	tate <i>l</i> St, Ba	lto,	MD 2	
	23. FART I. Enter the disease, or c shock, or heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	omplications the	t caused the de	eath. Do	at enter	the mo	de of dyli	ng, auci	h as card	liac or reapl	retory arr	reat,	Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST												
MEDICAL	PART II. Other algnificant conditions	contributing to	death but not r	eaulting	in the un	nderlying	cause g	iven in	Part i.	24a. WAS AN. PERFOR 1 YES 2	MED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	200 000 00	0	OTHER	₹:	ACE OF DE						
ву РНҮ	27. MANNER OF DEATH 1 Natural 5 Pending	1) Inpatient 2 28a. DATE OF (Month, D.	INJURY	28b. TIM	-	28c. INJU				(Specify)	JURY OCC	CURED	
B	2 Accident Investigation 3 Suicide 8 Could not be detarmined	28e. PLACE O building,	F INJURY — At ho etc. (Specify)	me, term, i	street, tact	ory, office			28t, LOCA City o	ATION (Street a or Town, State)	nd Number	or Rural F	Poute Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DISCOURS 2 MEDICAL EXAMINER) end manner as stated.
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	402	2	M 27) /T-	Defeat		290 LICE	NSE NUM	15°	26	29d. DATE	SIGNER	(Month, Dey, Year)

DR. ELMO M. S. YOSO, M. D. /273-F PENINSULA FARM ROAD/ARNOLD, MD.

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31. DATE FILED (Month, Day, Year)
A SEP 1 0 '91

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL	HYGIENE REG. NO.	9	1 25663	
	1. DECEOENT'S NAME (First, Middle, Las- CATHERINE	ALICE	FR	ANKS		2. DATE O MONTH SEPT	DAY	1 YE	3. TIME OF DEATH 9:01 P.M. M	
	4. SOCIAL SECURITY NUMBER 578-10-5107	1 □ M 2 🔀 F	90 YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	OCT.	30,1900	WA	SHINGTON, DC.	
CTOR	9a. FACILITY NAME (If not institution, give N.A.S. HOSPITAL RESIDENCE OF DECEDENT				OR LOCATION OF DE				of death MARY 'S COUNTY	
DIREC	10a. STATE 10b. COUN	MARY'S COUNTY		TOWN OR LOCAT					10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
7	100. STREET AND NUMBER STAR RT. BOX 104			10	1. ZIP CODE 20650		10g	U.S	OF WHAT COUNTRY?	
BY FUNER	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YES IF YES, GIVE WAR OR I	2 NO	13. WAS DEC	CENDENT OF HISPAN pecify Cuban, Mexica 3 2 NO Specify	n, Puerto Ri			Black, White, stc. Specify: WHITE	
PLETED	15. DECEDENT'S EL (Specify only highest gra Elementary/Secondary (0-12)	DUCATION ide completed) College (1-4 or 5+)	(Give kind of wo							
E COMPL	12.TH GRADE 17. FATHER'S NAME (First, Middle, Lest) SIMON I.	HUG		J SECRE	16. MOTHER'S NA		HOSPITA Iddle, Maiden Surna E) BURG	me)		
TO BE	19a. INFORMANT'S NAME (Type/Print) JOAN HUGHES	1:004	19b. MAILING A		and Number or Rural	Route Numbe	er, City or Town, Stai	te, Zip Cod	,	
	20a. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Re 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	imoval from State o	Ob. PLACE AND DATE of cemetary, crematory of GEORGE	F DISPOSITION r other place) FPISCO 22. NAME A	PAL 9/	12/91	20c. LOCATIO	N — CHY	or Town, State EE MARYLAND HOME P.A.	
RTIFICATION	ahock, or heart failure. List only one cause on each lina. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):									
MEDICAL CER	PART II. Other significant condition	d.	but not resulting in	the underlyin	ng ceuse given in	Part I.	24a. WAS AN AUTO PERFORMED: 1 YES 2 N	7	24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (Ch	eck only one	p)		1 TYES 2 NO	
PHYSICIAN	1 YES 2 NO 27. MANNER O DEATH 1 Natural 5 Pending	HOSPITAL: 1 Inpatient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year)	tpatient 3 DOA 28b. TIME	OF 28c. IN.	JURY AT ORK? YES 2 NO	_	(Specify) CRIBE HOW INJUR	Y OCCUR	ED	
TED BY	2 Accident Investigatio 3 Suicide 8 Could not to 4 Homicide detarmined	28s. PLACE OF INJUR building, etc. (Sp	TY — At home, farm, streedfy)			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
LETEI	29a. CERTIFIER 1 CERTIFYING PH	YSICIAN: To the best of my kno	wiedga, death occurred	at the time, date	a and place, and due	to the cau	se(a) and manner a	n atated.		
O BE COMPL	29h. SIGNATURE AND TITLE OF CONTROL	- 11,0	ion and/or investigation		death occured at the				GMED (Month, Day, Year)	

32. REGISTRAR'S SUGNATURE RANDALL

OHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the authoring physician and completely filled in by the runeral orrector, page 3 should be ustached for use as the burnar-transit permit.	ox, of Health and Merital Hyghene prior to burial, cremation, or removal.	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and com	be filed within 72 hours after death with the State Dept. of Health and Merital hygerie prior to buina, cremation, or removal.	PORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic ev

31. DATE FILED (Month, Day, Year)
AUG 26

	FOR 1 - STATE REGISTRAR	STATE OF I			RTMENT OF			IENTAL HYGIEN	E	25664
	1. DECEDENT'S NAME (First, Middle, Last)				IOAI L O	DEA		2. DATE OF DEATN		3. TIME OF DEATN
	DORIS FAULK	NFD					1	8 24	91	6:00AM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
Y	224-36-2897	1 🗆 M 2 💢 F	64	YRS.	MONTHS DAYS		MIN.	(Month, Day, Year) 4-19-27	м	aryland
L		9a. FACILITY NAME (If not institution, give atreet and number)						ATN	9c. COUNTY	OF DEATH
0	21472 Wharf Road Tilghman								Talb	ot
E .	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	Υ		10c. CI1	Y, TOWN OR LOC	CATION				10d. INSIDE CITY
FUNERAL DIRECTO	Maryland Talb	ot		Til	ghman					LIMITS?
AL	10e. STREET AND NUMBER					101, ZIP COD	E		10g. CITIZEI	N OF WHAT COUNTRY?
E	21472 Wharf Ro	ad			1	2167	1		USA	
5	11. MARITAL STATUS	12. WAS DECEDE	T EVER IN U.S.	ARMED				C ORIGIN? (Specify Yes	or No 14	. RACE American Indian, Black, White, atc.
BY F	1 Never Married 2 Married	IF YES, GIVE	MAR OR DATES	Z NO		ES 2 NO		, Puerlo Ricen, etc.)		Specify: White
	3 Widowed XX Olvorced					AA				MILLE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade				work done during		ng	16b. KIND OF BU	SINESS/INDUS	TRY
٣	Elementary/Secondary (0-12)	College (1-4 or 5	+)							
M	11	1	Bc	ookke	eper			Food P		sing
	17. FATNER'S NAME (First, Middle, Last) Clifford C. F	aulkner						ME (First, Middle, Maiden	Surname)	
BE	19a. INFORMANT'S NAME (Type/Print)	autknet						Lghman oute Number, City or Tow		
01	Doris K. Motovidlak 5738 Tilghman Island Rd. Tilghman MD 2167 20s. METNOD OF DISPOSITION 1									
	IMMEDIATE CAUSE (Final	. M=			c- 1	-4	m P	Hann		Onset and Death
z	1	DUE TO	OR AS A CON	SEQUENCE (DF):					
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	С	OR AS A CONS		·					
ERTIF	thet initieted events resulting in deeth) LAST d.									
0	PART II. Other algolificent condition	na contributing to	deeth but no	ot resulting	In the underly	ring cause	alven in i	Part I. 24s. WAS AF	AUTOPSY	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICA							0.1 -	PERFO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Ë								_		
NA N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					PLACE OF E	DEATH (Che	ick only one)		
S	1 TES NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER:	lome 5X R	esidence	6 C Other (Specify)		
ВУ РНУ	27. MANNER OF DEATN Natural 5 Pending Investigation	26a. OATE O (Month,	F INJURY Day, Year)	26b. Til	JURY	INJURY AT WORK? YES 2 [□ NO	28d. DEŞCRIBE NOW	INJURY OCCU	REO
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE building	OF INJURY At 1, atc. (Specify)	home, farm,	street, factory, o	ffice		26f. LOCATION (Street City or Town, State		Rurel Route Number,
COMPLETED	CONDUM ONLY							to the cause(s) and me time, data and place, a		l. cause(a) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	Cent	~			29c. LIC	ENSE NUM	1BER 225	29d. OATE !	SIONEO (Month, Day, Year)
2	30, NAME AND ADDRESS/DF PERSON W								0	-011
					_			, Md.2160		

- TO 1

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMENT OF CERTIFICATE O	HEALTH AND	MENTA	AL HYGIENE REG. NO.	91	25665				
1020	1. DECEDENT'S NAME (First, Middle, Las	BY GIRL GLOSS		2. DATE OF DEATH DAY A USE WAT 29)			O745					
1)	4. SOCIAL SECURITY NUMBER	1 🗆 M 2 🔀 F	yrs. lest birthday) IF UNDER 1 YEAL YRS. MONTHS DAYS	B HOURS MIN.	7. DATI	E OF BIRTH Ith, Day, Year) 8-30-91	Country)	LACE (State or Foreign				
ECTOR	90. FACILITY NAME (If not institution, give PENINSULA GENE			SBURY	DEATH		9c. COUNTY OF DEATH WICOMICO					
DIREC	RESIDENCE OF DECEDENT 100. STATE 10b. COUN 10b. COUN	formex ter	CATION 1: L		0d. INSIDE CITY LIMITS?							
FUNERAL	570 B. Pengi	un Dr. Ap	+. 303	10f. ZIP CODE		AT COUNTRY?						
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES 2 NO If yes, specify Cuben, Mexicen, Pu						- American Indian, White, etc.				
COMPLETED	15. DECEDENT'S EL (Specify only highest gre Elementary/Secondary (0-12)	UCATION fe completed) College (1-4 or 5+)	(GNe kind of work done during life. Do NOT use retired.)	ATION most of working	16	b. KIND OF BUSINESS/II	NDUSTRY	R				
_	17. FATHER'S NAME (First, Middle, Last) DAVID ARTHUR						Surneme) GLOSS n, Stete, Zip Code) I CITY, MD 21842 CATION — City or Town, State JISBURY, MARYLAND					
BE	19e. INFORMANT'S NAME (Type/Print)	GLUSS	19b. MAILING ADDRESS (Street		ROLYN WEINCKE GLOSS or Rural Route Number, City or Town, State, Zip Code)							
임	DAVID ARTHUR GL	OSS						21842				
	20e. METHOD OF DISPOSITION 1 ☐ Burlel 2 ⚠ Cremetion 3 ☐ Re	noval from State cemet	LACE AND DATE OF DISPOSITION (ery, crematory or other plece)	(Name of	DA	TE 20c, LOCATION -	- City or Town	, State				
	SALISBURY CREMATORY SALISBURY, M 21. SIGNATURE OF FUNERAL SERVICE UCENSEE SALISBURY CREMATORY SALISBURY CREMATORY 22. NAME AND ADDRESS OF FACILITY HOLLOWAY FUNERAL HOME 501 SNOW HILL RD. SALISBURY, MD											
ERTIFICATION												
MEDICAL C	PART II. Other aignificant condition	conditions contributing to deeth but not resulting in the underlying cause given in Part I.					CI	ERE AUTOPSY FINDING MILABLE PRIOR TO OMPLETION DF CAUSE F DEATH? YES 2 NO				
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO	HOSPITAL: 1 Inpetient 2 ER/Outpeti	OTHER:	PLACE OF OEATH (Cr								
PHY	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. II	ome 5 Residence		SCRIBE HOW INJURY OF	CURED	D				
BY	1 Netural 5 Pending 2 Accident Investigation	YES 2 NO										
ETE	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, lerm, street, factory, office building, stc. (Specify)			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
OMPL	29e. CERTIFIER (Check only one) 29 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end place, end due to the ceuse(e) end menner ee steted.											
BEC	29b. SIGNATURE AND TITLE OF CERTIFIE			29c. LICENSE NUMBER		29d. DATE SIGNEO (Month, Day, Year)						
2	30. NAME AND ADDRESS OF PERSON W	Wall com	R103:	726	1	1291	191					
	30. NAME AND ADDRESS OF PERSON WITH COMPLETED CAUSE OF DEATH (ITEM 27) (Type. Print) Elizabeth Giran Hall Com Peninsula General Hospital Salisbury mass 31. DATE FILED (Month, Day, Your) SEP 03 91 Suigham Ronders SEP 03 91											

91 25665

		1 - FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTMENT OF CERTIFICATE OF	HEALTH AND F DEATH	MENTAL HYGIE		1 25666			
	1	1. DECEDENT'S NAME (First, Middle, Last) BABY BOY	GLOSS			2. DATE OF DEATH MONTH		3. TIME OF DEATH			
Alex B	l di	4. SOCIAL SECURITY NUMBER	1 M 2 🗆 F	yrs. last birthday) IF UNDER 1 YEAR YRS. MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8-29-9	8.	BIRTHPLACE (State or Foreign Country) MARYLAND			
2, when the should	90	PENINSULA GENERAL HOSPITAL SALISBURY					9c. COUNTY	OF DEATH			
	PLETED BY FUNERAL DIRECTO	10a. STATE 10b. COUNTY	1	10c. CITY, TOWN OR LOCA			MI	10d. INSIDE CITY			
регтіп. Pages		100. STREET AND NUMBER	orcester	Ollan	Of. ZIP CODE		100 CITIZE	LIMITS? 1 YES 2 NO N OF WHAT COUNTRY?			
.ts		SIDB Peng	12. WAS DECEDENT EVER IN U.	104-103	218	742	1 4	15:11-			
15-0020 ending physic as the burial		1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	NIC ORIGIN? (Specify an, Puerto Rican, etc.)	Yes or No— 14	RACE — American Indian, Black, White, etc. Specify:					
2121 al or atte		(Specify only highest grade Elementary/Secondary (0-12)	CATION 18 completed) College (1-4 or 5+)	8e. DECEDENT'S USUAL OCCUPAT (Give kind of work done during m life. Do NOT use retired.)	ION lost of working	16b. KIND OF E	BUSINESS/INDUS	TRY			
RYLAND ed by the hospit uld be detached ed at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	AME (First, Middle, Meid					
RYL ed by ould be	BE (DAVID ARTHUR GLO 19a. INFORMANT'S NAME (Type/Print)	SS		YN WEINCKE GLOSS						
MAR e retained e 5 should notified	5	DAVID ARTHUR GLO	SS	19b. MAILING ADDRESS (Street				CITY, MD 21842			
ALTIMORE, I death. Page 6 may be funeral director, page i		20a. METHOD OF DISPOSITION 1 General Surface S		ACE AND DATE OF DISPOSITION (A	lame of		LOCATION - City				
Page 6		4 Donation 5 Other (Specify) SALISBURY CREMATORY SALISBURY, MARYLAND 21. BEGNATURE OF PERMY SERVICE UPCASE. 22. NAME AND ADDRESS OF FACILITY									
BALTIMORE, ter death. Page 6 may be the funeral director, page wal.		16.11	04.00	HOL	LOWAY FUI	NERAL HOMI					
urs at in by reme		23. PART I. Enter the disesses, Dr c shock, Dr heart fallure. I	omplications that caused the	ne desth. Do not enter the me	ode of dying, suc	L RD. SAI	LISBURY plratory arrest	Approximate			
24 if fille ion,		IMMEDIATE CAUSE (Fins) disease or condition resulting in death) a. Prematurit									
P 20 2 30	NO	Due to (OR AS A CONSEQUENCE OF): Sequentially list conditions, b. prenature labo									
X	CATION	If any, leading to immediate cause. Enter UNDERLYING									
o.O.BO. certificate be nding physicia Hygiene prior or other trau	RTIFI	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	DISEQUENCE OF):							
deat deat	MEDICAL CER	d									
ORI that the		PART II. Other significant conditions	contributing to death but i	PERF	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO DF DEATH?						
REC v requires been sign ft. of Healt						1 TYES 2 NO					
TAL The la te has ate De	A	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		LACE OF DEATH (Ch	eck only one)					
IL 을 향후	PHYSICI	1 YES 2 NO	1 Inpetiant 2 ER/Outpetiant		ne 5 🗆 Residence						
O FF ST P	ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY WO	JURY AT DRK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUR	ĒD.			
ISIC TTEND TOR: A after d	ED	3 Suicide 6 Could not be datarmined	28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
DIV AL OR A AL DIREC 2 hours 11 item	PLE	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.									
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	COMPL	2 MEDICAL EXAMINER	: On the basis of axamination an	d/or investigation, in my opinion, o	leath occured at the	time, data and place, a	and due to the ca	use(s) and manner as stated.			
APORT	BE	291 SIGNATURE AND TITLE OF CERTIFIER	TUMBER 29d. DATE SIGNED (Month, Day, Year)								
₽₽3₹	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH		V1024	- 4-6	8	127/9/			
		Eliza beth GRAY	Hall Com	Peninsula G	eneral Ho	spital	Salisbu	ry mn 2180/			
		SEP 03 91	A. REGISHAR'S SIGNATA	tindell		•					

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_	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 91 25667									67		
	1. DECEDENT'S NAME (First, Middle, Last)	2. DA					DATE OF DEATH			. TIME OF D	EATH		
	Mildred 5	Gilmon					pt. 1			1:25	A. M		
6)		3,110	SEX 6. AGE (In yrs. last birthday) If UNDER 1 YEAR IF UNDER 24 HR					8.	BIRTHPL Country)	BIRTHPLACE (State or Foreign			
I. J	305-22-3185 90. FACILITY NAME (If not institution, give etre	Sept. 6, 1											
H								TY OF DEATH					
DIRECTO	Washington Coun		Hagerst	cown			Washi	Washington					
받	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION				10	Dd. INSIDE C	CITY		
	Maryland Washin	gton		Boonsbor	co			1 🗆 YES 2 💢					
FUNERAL	10e. STREET AND NUMBER		10f. ZIP CODE					10g. CITIZEN	OF WH	AT COUNTRY	77		
밀	6510 Appletown						U.S.	A.					
	1 Never Merried 2 Married	FORCES? 1 YES 2 NO It yes, specify Cuben,			pecify Cuben, Mexic	ben, Mexicen, Puerto Rican, etc.)				- Americen II White, etc.			
BY	3 Widowed 4 Divorced	TES, GIVE HAR ON DATES/			S 2 NO Specify:				Specify	White			
E	15. DECEDENT'S EDUCA' (Specify only highest grade co	TION empleted)							TRY				
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)											
M	12 17. FATHER'S NAME (First, Middle, Last)		Office Manager Clothing										
8	Calvin S. Child	c			AME (First, Mide	dle, Meiden Su	umame)						
BE	19e. INFORMANT'S NAME (Type/Print)	5	40h MAU INC	ADDRESS (Over	Margai								
5	William F. Gilmo	re			and Number or Rural COWN Rd.					3			
	20e. METHOD OF DISPOSITION	206	PLACE AND DATE			OATE	_	ATION — City					
	1 Donation 5 Other (Specify)	ni from State cem	etery, crematory or o	ther plecel		12-91			sburg, Md.				
	21. SIGNATURE OF FUNERAL SERVICE LICENSE AND ADDRESS OF FACILITY 7606 Old National Diko												
	John H. Bast Jr. BAST FUNERAL HOME, Boonsboro, Md. 21713										713		
	23. PART i. Enter the diseesea, or cor	nplications that caused	the deeth. Do r	not enter the mo	ode of dving eu	ch as cerdies	or menin	tony armet	77 14		_		
	23. PART i. Enter the diseesea, or complicatione that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ahock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final												
	immediate Cause (Final disease or condition resulting in death) Due to (or as a consequence or):										IIIO Deatii		
	DUE TO (OR AS A CONSEQUENCE OF):										ur3 .		
NO	Sequentially list conditions, oue to (or as a consequence of):										-		
CERTIFICATION	cause. Enter UNDERLYING												
윤	CAUSE (Disease or injury that initiated evente	DUE TO (OR AS A	CONSEQUENCE OF	7):									
H	reaulting in deeth) LAST												
	PART II. Other eignificent conditions contributing to death but not resulting in the under												
CAL	PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? AMILABLE PROMPLETION									AILABLE PRIC	OR TO		
Fredrisone dependency									COMPLETION OF CAUSE OF DEATH?				
								1 TES 2 NO					
A	25. WAS CASE REFERRED TO MEDICAL)												
Sic	EXAMINER? HOSPITAL: OTHER: OTHER:												
ξ	27. MANNER OF CEATH 286. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY								ED				
ВУ	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ		PRK7								
	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Speci	CE OF INJURY — At home, term, street, factory, office			26t, LOCATION (Street and Number or Flural Floute Number,							
	4 Homicide determined City or Town, State)												
P	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the beet of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end manner es ateted.												
COMPLETED	one) 2 MEDICAL EXAMINER: On the basic of axamination and/or investigation, in my opinion, death occurred at the time, data and piece, end due to the cause(e) and manner se stated,												
BE	296. SIGNATURE AND HUMA OF DERTIFIER						29d. DATE SIGNED (Month, Day, Year)						
5	XX. Du		D26579 >					9/11/91					
-	30. NAME AND ADDRESS OF PERSON WHO		_	, ,	1	41		- //	,				
	P. C. Kugler Min 100 Greth Lane Fredysille, Mayland 21756 31. DATE FILED (Month, Day, Your) 320 REGISTRAR'S SIGNATURE												
	31. DATE FILED (Month, Day, Year) SEP 1 2 '91	Julia Davidson-Randale											

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3	Dad		
E 9	tor.		
96	lirec		
E.	'al d		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pag	J.	
after	by the	moval	
OUIS	.5	If re	
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- 1	1. DECEDENT'S NAME (First, Middle, Last	•			ICATE OF				OF DEATH			TIME OF DEATI
- 1	DAVID H. GRAN	OF						MONT		5 1	YEAR /	11:04
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yr.	s. last birthday)	IF UNDER I YEAR MONTHS DAYS	IF UNDER	1 24 HRS.		OF BIRTH		8. BIRTHPL. Country)	ACE (State or Fo
28	129 30 0625	XX m 2 □ F	92	YRS.	MONTHS DAYS	HOURS	MIN.			,1898		JSSIA
m .	9a. FACILITY NAME (If not institution, give				9b. CITY, TOWN	OR LOCATI	ON OF DE	EATH		9c. COUNT	TY OF DEAT	Н
ECTO	HOLY CROSS HO	SPITAL			SILVE	R SP	RIN	G		MON	TGON	MERY
EC	10a. STATE 10b. COUN	TY		10c. CIT	Y, TOWN OR LOCA	TION					10	d. INSIDE CITY
DIR	MARYLAND MO	NTGOMER	Y	SI	LVER SI	PRIN	G				1	LIMITS?
\$	10e. STREET AND NUMBER				10	f. ZIP COD	E			10g. CITIZI	EN OF WHA	T COUNTRY?
FUNERAL	1316 FENWICK					910					TED	STATE
2	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN	YES 2	× 100	13. WAS DEC	CENDENT C	OF HISPAN	IIC ORIGIN	? (Specify Ye	a or No—	4. RACE — Black, W	American India
ā	3 Wildowed 4 Divorced	IF YES, GIVE Y	MAR OR DATES		1 TYES	2 37190	Specify	r:			Specify: WHIT	'E
3	15. DECEDENT'S ED (Specify only highest grad		18a	. DECEDENT'S	USUAL OCCUPATI	ON		16b	KIND OF BU	SINESS/INDU		
- 1	Elementary/Secondary (0-12)	College (1-4 or 5	+>	Iffe. Do NOT u	work done during me se retired.)							
OMP.		4		~_yçç	SURPAR!	LDTT.	<u></u>		SELF-	EMPL	OYED)
3	17. FATHER'S NAME (First, Middle, Last)					18. MOTI	HER'S NA	ME (First, I	Aiddle, Maiden	Sumame)		
	UNAVAILABLE							AILA				
2	194. INFORMANT'S NAME (Type/Print) GENE GRANOF				ADDRESS (Street							
	20a. METHOD OF DISPOSITION				BANNOCK		N DI					
	1 Suriel 2 Cremetion 3 Rei	moval from State	cemetery	cremetory or o	OF DISPOSITION (No. their place) NON CEM		יי מ	DAT		CATION - CI		
ı	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	mi.	LEDA	22. NAME A			9 -	81 AI	DELPH	I, M	ARYLA
	· gape	cto								A.HO		2046
	23. PART I. Enter the diseases, Dr ehock, Dr heert fellure	complications that. Liet only one cau	t coused the	death. Do i	not enter the mo	de of dyl	ing, such	h se cerc	lec or reep	Iretory erres	st,	Approxima
	IMMEDIATE CAUSE (Finel disease or condition				. T							Onset and
	resulting in death)	Card	100 0	$\Delta \Gamma \Gamma C$) (
		DHE TO	(OD AS A COL	HEEDHENGE O								min
,				NSEQUENCE O	F):	DI	CFI	A 56				134
201	Sequentially list conditions,	L CURO		NSEQUENCE O	n: RTERY	DI	SEI	A 56				1340
3	If any, leeding to immediate ceuse. Enter UNDERLYING	DUE TO	(OR AS A COM	NSEQUENCE OF	n: RTERY n:	DI	SEI	A 56				1340
3	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO	MAR	NSEQUENCE OF	n: RTERY n:	DI	581	A SE				1340
ENITICAL	If sny, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO	(OR AS A COM	NSEQUENCE OF	n: RTERY n:	DI	sei	A SE				1390
NILLICAL I	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. CUR of DUE TO	(OR AS A CON	NSEQUENCE OF	P: RERY P: P:	Q ceuse c	alven in i	Part I. T	24s. WAS AN	AUTOPSY	24b. WE	
AL CENTIFICAL	If sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. CUR of DUE TO	(OR AS A CON	NSEQUENCE OF	P: RERY P: P:	Q ceuse c	alven in i	Part I. T	24s. WAS AN	RMED?	CO	RE AUTOPSY FINAL ABLE PRIOR 1
AL CENTIFICAL	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. CUR of DUE TO	(OR AS A CON	NSEQUENCE OF	P: RERY P: P:	Q ceuse c	alven in i	Part I. T	24s. WAS AN	RMED?	CO OF	RE AUTOPSY FIN NLABLE PRIOR 1 MPLETION OF C. DEATH?
MEDICAL CENTIFICAL	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. CUR of DUE TO	(OR AS A CON	NSEQUENCE OF	P: RERY P: P:	Q ceuse c	alven in i	Part I. T	24s. WAS AN	RMED?	CO OF	RE AUTOPSY FIN
MEDICAL CENTIFICAL	If sny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant condition R in the center of th	b. CUR of DUE TO	(OR AS A CON	NSEQUENCE OF	P: RTERY P: In the underlying le bra	Q ceuse c	given in i	Part I.	24a. WAS AN PERFOR 1 YES 2	RMED?	CO OF	RE AUTOPSY FIN NLABLE PRIOR 1 MPLETION OF CA DEATH?
SICIAIN. MEDICAL CENTIFICAL	If siny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant condition R ight Cere.	b. DUE TO c. DUE TO d	(OR AS A COM	NSEQUENCE OF SEQUENCE : RTERY P: In the underlying	g couse ç	Tlum	Part I.	24a. WAS AN PERFOR	RMED?	CO OF	RE AUTOPSY FIN NLABLE PRIOR T MPLETION OF CA DEATH?	
THIS IS IN MEDICAL CENTIFICAL	If siny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant condition R ight Cere. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2X NO 27. MANNER OF DEATH	DUE TO C. DUE TO d. ne contributing to bro par	(OR AS A CON (OR AS A CON deeth but not not not not not not not not not no	NSEQUENCE OF SEQUENCE : P: P: P: P: P: P: P: P: P: P: P: P: P	g ceuse s // LACE OF DI Be 5 □ Re URY AT SRK?	EATH (Che	Part I. D // pick only on	24a. WAS AN PERFOR	RMED?	CO OF	RE AUTOPSY FIN NLABLE PRIOR T MPLETION OF CA DEATH?	
of This state, medical centifical	If sny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant condition R i 9 A + Cere. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2X NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	(OR AS A CON (OR AS A CON deeth but no The E	NSEQUENCE OF SEQUENCE : P: P: P: P: P: P: P: P: P: P: P: P: P	g ceuse ç	EATH (Che	Part I. D/Z Dick only on B Other 28d. DES	24a. WAS AN PERFOR	NUNHA OCCIN	AM CO OF 1 [RE AUTOPSY FIN NL ABLE PRIOR T MPLETION OF CJ DEATH? YES 2 N	
LD DI TILISICIAIN. MEDICAL CENTIFICAL	If sny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant condition R 19 LT Cere. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2X NO 27. MANNER OF DEATH 1 Natural 5 Pending	b. DUE TO c. DUE TO d	(OR AS A CON (OR AS A CON deeth but no The E	NSEQUENCE OF SEQUENCE : P: P: P: P: P: P: P: P: P: P: P: P: P	g ceuse ç	EATH (Che	Part I. D/C Deck only on B Other 28d. DES	24a. WAS AN PERFOR	NJURY OCCU	AM CO OF 1 [RE AUTOPSY FINIL ABLE PRIOR 1 MPLETION OF C. DEATH? YES 2 N	
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3. TIME OF DEATH

4. SOCIAL SECURITY NUMBER

Gibson

YEAR

1991

2. DATE OF DEATH MONTH DAY

Sept.

BALTIMORE, MARYLAND 21215-0020	requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	een signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	removal,
	hours	led in t	I, or re
,	hin 24	tely fill	mation,
RECORDS, P.O. BOX 68760,	xecuted with	and complet	. of Health and Mental Hygiene prior to burial, cremation, or removal.
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S, D	death	atten	ental
E C	at the	by the	and M
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RE	requi	een s	O H

DIVISION OF VITAL

\	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE	(State or Foreig
/ 19	191-18-2727	1 🗆 M 2 🔀 F	87	YRS.	MONTHS DAYS	HOURS MIN.	Dec. 20,1	903 1	Country)	rt, PA
	9a. FACILITY NAME (If not institution, give				9b. CITY, TOWN	OR LOCATION OF DE			Y OF DEATH	
100	Randolph Hill	0	ome		Whe	aton		Mor	ntgome	rv
۱	RESIDENCE OF DECEDENT 10a, STATE 10b. COUR			40. 007	Y, TOWN OR LOCA			1 110		
			5		•				L	NSIDE CITY LIMITS?
I	Maryland 1	Montgomery	<u> </u>	Ro	ockville	of, ZIP CODE		10- 017176	EN OF WHAT C	YES 2 NO
ı		1 D 1			16			10g. CITIZE		
	11006 Schuylkil		NT EVER IN U.S. TRI	4ED	140 400 000	20852	HC ORIGIN? (Specify Ver	1	U.S.	-
	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES?	1 YES 2 N WAR OR DATES	0	If yes, at	pecify; Cuben, Mexica B ZYNO Specify	n, Puerto Ricen, etc.)	or No.	Black, White	White
I	15. DECEDENT'S Et (Specify only highest gra	DUCATION ade completed)	(GI	ve kind of v	USUAL OCCUPATE	ION est of working	186. KIND OF BU	SINESS/INDU	STRY	
ı	Elementary/Secondary (0-12)	College (1-4 or 6	tito	Do NOT us	se retired.)	•	_			
۱		2	Ho	mema	aker		Own	Home		
	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)		
	John W. Rahn						Menard			
	19a, INFORMANT'S NAME (Type/Print)		196	MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or Tow	n, State, Zip (Code)	
	Vivian G. Hill						l. Rockvil			
	20e. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Re	emovel from State	of cemetary	crematory	E OF DISPOSITION				ity or Town, St	ate
	4 Donation 5 Other (Specify)		_ Mt. C	omfo	ort Crem	atory	9-7 A1	ex. VA	1.	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	10 0			TO CONTO	c's Sons,	Inc	N LI	
	Mucha	, la	hol.	S		-	in Ave. W			0016
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	C	O (OR AS A CONSEC							
in 16	resulting in death) LAST	4								
					· ·	ng cause given in	PERFO	RMED?	AWAIL COMF OF DI	E AUTOPSY FINE ABLE PRIOR TO PLETION OF CAI EATH? YES 2 NO
MEDICAL	resulting in death) LAST				y.	0.0	PERFO	RMED?	AWAIL COMF OF DI	ABLE PRIOR TO PLETION OF CAS EATH?
MEDICAL	resulting in death) LAST	سگ		2.	26.1	230	PERFO	RMED?	AWAIL COMF OF DI	ABLE PRIOR TO PLETION OF CA EATH?
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@85c2 1:

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restate (portion

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 07 PAY MONTH 09 Louis R. Gaylor 91 12:51A M 4. SOCIAL SECURITY NUMBER 8. BIRTHPLACE (State or Foreign 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH
(Month, Day, Year)
NOV. 9, 1916 579-01-2782 MONTHS DAYS HOURS 74 MIN. 1 🔀 M 2 🗌 F YRS. Maryland 9a. FACILITY NAME (If not institution, give atreet and number) 8b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Montgomery General Hospital 01ney Montgomery 10a. STATE 10b. COUNTY IDC. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Silver Spring 1 YES 2 NO FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3330 North Leisure World Blvd., #229 20906 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 X Merried IF YES, GIVE WAR OR DATES spowhite BY 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) Elementary/Secondary (0-12) Sales Representative Sales 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Samuel Goldstein Fannie Gayla BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 20906 Ida Beatrice Gaylor 3330 North Leisure World Blvd., Silver Spring, Md. 20s. METHOD OF DISPOSITION

1 Of Burlet 2 Crematio 3 7

4 Design 5 Other (Seelly) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Lebanon Cemetery Adelphi, Maryland 21. SIGNATURE SE FUNERAL SERVICE LICANSEL Ives Pearson Funeral Homes Perry Luca 472 N. Washington St., Falls Church, VA. 23. PART I. Enter the disease- or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory streat, abock, or heart feliure. Liet only one cause on each line. Approximate interval Betwe RESPIRATURY **Onset and Death** IMMEDIATE CAUSE (Finel BLATERAL INTERSTITIAL PNEUMONIA WITH disease or condition resulting in death) 10 DAYS FAILARE DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO PHYSICIAN: MEDICAL CHRONIC OBSTRUCTIVE PULMONARY DUSTAGE COMPLETION OF CAUSE 1 YES 2 NO DLAMOUS CELL CARCINGMA OF THE LAFT LUNG 1 - YES 20 NO ACTERIOSCHEDITIC GARDIOVACULAR DEFENCE 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: HOSPITAL:

OTHER:

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OTHER: 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 2 Accident 5 Pending 1 YES 2 NO BY 26e. PLACE OF INJURY --- At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Flural Floute Number, City or Town, State) 3 Suicide COMPLETED 5 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated, 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and ma 29b. SIGNATURE AND TITLE OF CERTIFIER LICENSE NUMBER 29d. DATE SIGNED (Mgnth, Day, Year) BE auros 6 9 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 14208 20850 OCKUI SEP 1 0 91 32. REGISTRAR'S SIGNATURE wha Davidson Randoll

TO BE COMPLETED BY FUNERAL DIRECTOR

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with: THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with: THE HUSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be detached.	ours after death. Page 6 may be retained by the host and in by the funeral director, page 5 should be detached.
be filed within 72 hours after death with the State Dept, of Health and Memal Hygiene prior to burfal, cremation, or removal.	, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MAR			ICATE				MENTAL	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH		- 0	3. TIME OF DEATH
RUTH MARIE	GRAY							MONTH	17	19	9 IEAR	4:13 P M
4. SOCIAL SECURITY NUMBER	5. SEX 6. A	AGE (In yrs. lest	t birthday)	IF UNDER			24 HRS.	7. DATE OF (Month, L	BIRTH 2/	24/1		IPLACE (State or Foreign
216 14 7100	1 □ M 2/3/F	74 73	YRS.	MONTHS	DAYS	HOURS	MIN.		3-19-16		0.470.00	YLAND
3e. FACILITY NAME (If not institution, give str	set and number)			9b. CITY,	TOWN 0	R LOCAT	ON OF D				NTY OF D	EATN
THE JOHNS HOPKI	NS HOSPITA	L		BAL	ITM	ORE	CITY			BA	LITMO	ORE
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			100 017	ry, TOWN O	0.1.0017	1011						
MD IOL COOKIT	na		IUG. CIT	Balt								10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	114			Daic		ZIP COD						1 YES 2 NO
2000 O'Dell Aven	ie apt	1822			101		1237			10g. CI1	ZEN OF V	VHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EV							NIC ORIGIN?		or No-	14. RACI	E — American Indian, k, White, atc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR O		10				sn, waxici Specii	en, Puerto Ric ly:	en, etc.)		Spec	
15. DECEDENT'S EDUC				USUAL OC				16b. K	IND OF BUS	INESS/IN	DUSTRY	
(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT u	work done o	unng mo	st or work	ng					
12th		CC	DID S	STORA	GE C	LER			ESSKA	Y		
17. FATHER'S NAME (First, Middle, Last)		-				18. MOT	NER'S NA	AME (First, Mic	idle, Maiden	Sumame)		
GEORGE SCHREINER							ANN	E MIL	LER			
19e. INFORMANT'S NAME (Type/Print)		191	. MAILING	G ADDRESS	(Street a	nd Numbe	r or Rural	Route Number	City or Town	, State, Zi	p Code)	
ANNA M SCHREINER		2	2000	ODEL	L AV	ENUE	#18	322 BA	ITIMO	RE,	MARY	LAND 21206
20a. METHOD OF DISPOSITION 1 Burlai 2 Cremation 3 Remo	val from Stata	20b. PLACE other ple	OF DISPO	SITION (Na	me of cen	netery, cre	metory or	3/30/9] 20c. LOC	CATION -	City or To	own, State
4 Donation 5 Other (Specify)	state	SCAR	RED F	EART	OF	JESU	JS CE	EMETER	Y BAL	TIMO	RE,	MARYLAND
21. SIGNATURE OF FUNERAL SERVICE LICE	Ronald	Wade,	Dir	22.	NAME AN	ID ADDRE	SS OF FA	St.	ate A	nato	my B	oard
/ undeed // 1	1 Mille	9/20	/91	65	5 W.	Bal	timo	re St	,Balt	o,MD	212	01
ahock, of heert failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause, Enter UNDERLYING	DED S DUE TO (OR DIAL)	AS A CONSECUTION	OUENCE C	role			_					Interval Between Onaet and Death
CAUSE (Disease or Injury that initiated events	DUE TO (OR	AS A CONSEC	DUENCE C	OF):								1/1
resulting in death) LAST	131610	ry Je	PICS									14 wks
PART II. Other algorificant conditions	contributing to dae	th but not r	resulting	in the un	darlyin	cause	given in		4a. WAS AN PERFOR	MED?	246	AMAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH?
												1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTUE		ACE OF I	DEATH (C	heck only one)				
1 TYES 2 NO	1 Inpetient 2 ER	/Outpatient 3	□ DOA	4 Num		• 5 🗆 R	lealdenca	6 🗆 Other (Specify)			
27. MANNER OF DEATN	26s. DATE OF INJU (Month, Day, Y		28b. TII	ME OF	26c. INJ WO	URY AT		28d. DESC	RIBE HOW II	UURY O	CURED	
1 Netural 5 Pending 2 Accident Investigation				М	1 🗆 '	/ES 2	□ NO					
3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF IN- building, etc.	JURY — At ho (Specify)	me, farm,	street, fact	ory, offic			261. LOCAT City or	ION (Street a Town, State)	nd Numbe	or or Rural	Route Number,
29a. CERTIFIER 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINER	IAN: To the best of my lat: On the basis of exami											a) end manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LIC	ENSE NU	MBER		29d, DA	TE SIGNED	(Month, Day, Year)
Lea	- IMD			280	3						0/10	191
30. NAME AND ADDRESS OF PERSON WHO	11 .10	F DEATN (ITE	M 27) (Typ	e, Print)							4/1	111
31. DATE FILED (MON) DON HERDE	32. REGISTAAR'S	SHONATURE	US (N)									
JEP 2 I '91		Jan den	-An	dell								

	1. DECEDENT'S NAME (F	rirst, Middle, Last)		GEMMI	T T			2. DATE OF DEATH MONTH		EAR	TIME OF DEAT
	4. SOCIAL SECURITY NU	JMBER	5. SEX	6. AGE (In yrs. I	last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	SEPT. 1 7. DATE OF BIRTH (Month, Day, Year)	0, 1991		11:10 ACE (State or Fo
1	579-10-01:		1 M 2 F	81	YRS.	OF CITY TOWN	OR LOCATION OF D	MAY 18,	1910 P		YLVANI
СТОВ	ST. MARY			ER			ARDTOWN	EATH	ST.		
1	RESIDENCE OF D				10c. CIT	Y. TOWN OR LOCA			1 51.		d. INSIDE CITY
DIRE	MARYLAND	5	T. MARY	S		INEY POI					LIMITS?
RAL	10a. STREET AND NUMB		111111	<u></u>			of. ZIP CODE		10g. CITIZEN		T COUNTRY?
ш	P.O. BOX	X 147,	CLARK RO	AD			20674			U.S.	Α.
BY FUNI	11, MARITAL STATUS 1 Never Married 2 3 Widowed 4 1 1		FORCES?	NT EVER IN U.S. A 1 YES 2 WAR OR DATES	ARMED ANO	If yes, s		NIC ORIGIN? (Specify an, Puerto Rican, atc.) y:	Yes or No— 14.	RACE — Black, W Specify: WHI	
ED	15, D (Specify	DECEDENT'S EDI	UCATION le completed)		(Give kind of	USUAL OCCUPAT	ION	16b. KIND OF I	BUSINESS/INDUS		
LET	Elamentary/Secondary	- T -	College (1-4 or 5	+)	ife. Do NOT u						
COMP	1.0	Miciella Laut)			MANAG	ER	16 MOTHED'S N	APARTM AME (First, Middle, Maid	ENT BUI	LDIN	G
E C	RAYMOND GI							ETH HOOVE			
8	19a. INFORMANT'S NAME			1	19b. MAILING	ADDRESS (Street		Route Number, City or 1		ide)	
9	RAYMOND M.	. GEMMI	LL	101 - 10 T	P.0	. BOX 14	7, PINEY	POINT, M	ARYLAND	206	74
	4 Donation 5 Ot		Er u 1	FOR	ry, cremator T LIN	BRINS		NERAL HOM			
TIFICATION	21 SECURITY OF FUNE	e diseasés, or r heart feilure (Fine)	Complications to	of caused the	T LING	22. NAME BRINS P.O.	BOX 279,	NERAL HOM LEONARDT	E, P.A. OWN, MA	RYLA	ND 206
MEDICAL CERT	23. PART I. Enter the ahock, of iMMEDIATE CAUSE (disease or condition reaulting in death) Sequentially list confi any, leading to improve that unberg CAUSE (Disease or I that initiated events	e diseases, or r heart fellure (Finel ——) ditions, mediata ILYING injury AST	b. DUE TO DUE TO d. DUE TO d. DUE TO d.	O (OR AS A CONS	T LING	22. NAME BRINS P.O. not entar the m	SFIELD FU BOX 279, loode of dying, aud	NERAL HOM LEONARDT th as cardiac or re- Part I. 24a. WAS PERI 1 YES	E, P.A. OWN, MA	RYLA t,	
SICIAN: MEDICAL CERT	23. PART I. Enter the ahock, o iMMEDIATE CAUSE (disease or condition reaulting in death) Sequentielly list con if any, leading to improve that initiated events reaulting in death) L PART II. Other alignifications of the condition of the condi	e diseases, or r heart fellure (Finel ——) ditions, mediata ILYING injury AST	b. DUE TO d. HOSPITAL: 1 Inpatient 2	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	T LING	22. NAME BRINS P. O. not enter the more properties of the control	BFIELD FU BOX 279, lode of dying, auc	Pert I. 24a. WAS PERM 1 YES	AN AUTOPSY FORMED?	RYLA t,	Approximinaryal E Onact an Interval E Onact an
MEDICAL CERT	23. PART I. Enter the ahock, or iMMEDIATE CAUSE (disease or condition resulting in death) Sequentielly list con if any, leading to import that initiated events resulting in death) L PART II. Other algnifications of the control of	e diseases, or r heart fellure (Finel ——) ditions, mediata ILYING injury AST	b. DUE TO C. DUE TO D. DUE TO	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	T LING	22. NAME BRINS P. O. not entar the more properties of the state of the	BFIELD FU BOX 279, lode of dying, auc	Pert I. 24a. WAS PERM 1 YES	AN AUTOPSY FORMED?	RYLA t,	Approximinaryal E Onact an Interval E Onact an

LEONARDTOWN, MARYLAND 20650

32. REGISTRAR'S SIGNATURE Fundamental

DAVID ALLEN, M.D.

	,	1. DECEDENT'S NAME (First, Middle, Last) Katherine M	GUNTON	1	7					2. DATE OF DI	EATH DAYS/	YEAR 9/	3. TIME OF DEATH 0430 M
1	\	4. SOCIAL SECURITY NUMBER 216-32-2757	5. SEX 6. A	GE (In yrs. lest	yrs.	ONTHS C	YEAR DAYS	IF UNDER 2	24 HRS.	7. DATE OF BI (Month, Day,		Counti	PLACE State or Foreign y) yland
(P)) E		reet and number)		9	Ba	DWN (OR LOCATION		гн		INTY OF D	
1. 1. 28	ECI	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c, CITY,	TOWN OR	LOCA	TION					10d. INSIDE CITY
	E C		rundel		Mi:	llers	svi	11e					1 YES 2 NO
physician. buńal-transit permit.	UNERAL	10e. STREET AND NUMBER					10	H. ZIP CODE			10g. CIT	()SI	YHAT COUNTRY?
ician. I-trans	UNE	823 Oakdale Cir	12. WAS DECEDENT EV	ER IN U.S. ARI	MED	13. WA	S DEC	CENDENT OF	108 FHISPANIO	ORIGIN? (Sp	ecify Yea or No-	14. RACI	- American Indian,
attending physician. se as the burial-tran	BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 1	YES 27 N OR DATES	0	lf y	res, sp	pecify Cuban S 2 NO	ı, Mexican,	Puerto Ricen,	etc.)	Spec	White
_ =	ETED	15. DECEDENT'S EDUC (Specify only highest grade		(GI	ve kind of wor	rk done due		ION lost of working	g	16b. KIND	OF BUSINESS/IN	DUSTRY	
hospital or ached for u	PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	are.			_						
the hospit detached once.	COMPL	Grade - 6 17. FATHER'S NAME (First, Middle, Last)	None		Homer	makei		18. MOTH	ER'S NAM		Own Home , Maiden Sumame)		
5 2 K	ш	Martin	Holmst	ed				Ma	ary		Sc	hmid	t
retained to 5 should notified	TO B	19a. INFORMANT'S NAME (Type/Print)	. 3400								ity or Town, State, Z		
- 2 2 0	-	Joseph L. Schne	eider	20b. PLACE			-		, Mi		7ille M		1108
ector, pay		1 X Burial 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	oval from State	of cemetary. Cedar	crematory of	r other place	ce)	`	0_04	1			Maryland
Page 1		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	cedar	11111	22. N/	AME A	ND ADDRES	S OF FACI	LITY		ie,	Maryrand
4 0		* Pabent !	400 4	9.1-		Kir 421		_	Fune		Home Glen Bu	rnia	MD 21061
y filled in by the tition, or removal.		23. PART I. Enter the diseases, or o shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	List only one cause of	on aach iina	•	t entar th	na mo	oda of dyir					Approximata Interval Between Onset and Death
ed withir completel al, crema		reaulting in death)	-	AS A CONSEC		n //	00	1					
and and bur	CATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR				ad	٨					
phy ne p	FIC	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEC	DUENCE OF):								-
end th	ERTIFI	resulting in death) LAST	1										
E Ree	O	PART ii. Other algnificant condition	a contributing to day	th but not r	esulting in	tha und	arlyin	ng cause g	jiven in P	art i. 24a.	. WAS AN AUTOPSY	241	. WERE AUTOPSY FINDINGS
uires that the signed by the Health and I	MEDICAL	Wiran much	infection		100	-0				1	PERFORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sign Sign	MEC	deh Alarion	•										1 TYES 2 NO
e law re has been Dept. of n 23 sh		0											
E 8 8 5	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	a carena		OTHER:		PLACE OF DE					
SICIAN certific h the S	PHYS	1 YES 2 NO 27. MANNER OF DEATH	12 Inpatient 2 ER	URY	28b. TIME	OF 2	Bc. IN	JURY AT		Other (Spe 28d. DESCRIB	ecity) DE HOW INJURY O	CCURED	
DING PHYS After this of death with	ву Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Y	bar)	INJU	RY M		YES 2	NO	v			
TTENDI TTOR: A after d	TED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN. building, etc.	JURY — At ho (Specify)	me, farm, str	reet, factor	y, offic	Ice		281. LOCATION City or Tox	N (Street and Number wn, State)	er or Rural	Route Number,
토정정도	COMPLE	29a. CERTIFIER 1 CERTIFYINO PHYSI (Check only one) 2 MEDICAL EXAMINE											a) and manner as stated.
TO THE HOSPI TO THE FUNEF be filed within	B	296. SIGNATUME AND THE OF CERTIFIE	Ich My					29c. LICE	NSE NUME	BER	29d. DA	TE SIGNE	(Mg/fth, Day, Year)
	2	/ / / .	o completed cause of	F DEATH (ITE	M 27) (Type, F	Print)						, ,	
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE									
		SEP 0 3 1991 g	ula Davidson	Randall	2								

was give a limb of the history

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFI	CATE (OF DEATH	F	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) Beulah Pea	rl Gardne	or			2. DATE OF MONTH	DEATH DAY	Y617	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER					9	2	91	2:50 P M
212-12-3462	5. SEX 6. AC	GE (In yrs. last birthday) 68 YRS.	MONTHS DA		7. DATE OF (Month, De	ay, Year)	8. BIRTHI Country	PLACE (State or Foreign
9e. FACILITY NAME (If not institution, give		1110.				3-1923		land
Memorial Hos				WN OR LOCATION OF E	DEATH		albo	
RESIDENCE OF DECEDENT								
10e. STATE 10b. COUNT		10c, CITY	TOWN OR L	DCATION				10d, INSIDE CITY
Maryland T	albot	E	Easton					LIMITS?
10e. STREET AND NUMBER				101. ZIP CODE		10g. CIT	IZEN OF W	HAT COUNTRY?
108 Blake Str	eet			21601		17	US	
11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (S	specify Yee or No-	14. RACE	- American Indian.
1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YE		If yet	yes 2 X NO Specific	an, Puerto Rica	n, etc.)	Black,	- American Indian, White, etc. Black
					_		Special Control	,. = = = = = =
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S L (Give kind of wo	SUAL OCCUP	PATION g most of working	16b. KIP	OF BUSINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)							
9		Lab l	Maid		He	ospital		
17. FATHER'S NAME (First, Middle, Last)				I .		le, Maiden Surname)		
Isaac Mason						ls Mason		
19e. INFORMANT'S NAME (Type/Print)				set and Number or Rural				
William Gard	lner	108	Blake	Street, E	aston,	MD. 2160	01	
20a, METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	ROBERT CONTROL OF CONT	er place)	N(Name of		20c. LOCATION -		rn, State
21, SIGNATURE OF FURERAL SERVICE LI	CENSEE	RICHALUSO	22 NAM	E AND ADDRESS OF FA	/ // 91	Easton	, MD.	
NU 510	Dar			0. Box 92				
July H.	X Muce		-1					43
23. PART Enter the diseases, or ahock, or heart fellure.	complications that cause on	sed the death. Do no	ot entar tha	mode of dying, suc	h ss cardiac	or reaplratory sr	reat,	Approximata
IMMEDIATE CAUSE (Final		adon mig.						Intarval Between Onset and Death
disease or condition resulting in death)	a. PNEV DUE TO (OR AS	DIA						7 WAKE
								2
Sequentially list conditions,	b. Employed	MA EXA	cenh	ATron				2 WEEKS 2 WEEKS UNK-ann
if any, leading to immediata	DUE TO OR AS	A CONSEQUENCE OF)						
CAUSE (Disease or injury	c. METASTAT. DUE TO (OR AS	TC LARGE	CEI,	CARCIN	0011 0	FTHO LU	~5	UNKNOWN
that initiated eventa resulting in death) LAST	DUE TO (OR AS	S A CONSEQUENCE/OF):				/	1	
	d							
PART II. Other aignificant condition	s contributing to death	but not resulting in	the underl	ying cause givan in	Part i. 24e	. WAS AN AUTOPSY	24b 3	WERE AUTOPSY FINDINGS
						PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
					- 10	YES 2 NO		OF DEATH?
					-			1 TYES 2 TNO
25. WAS CASE REFERRED TO MEDICAL			26	. PLACE OF DEATH (CA	ant ont one			
EXAMINER?	HOSPITAL:		OTHER:					
27. MANNER OF DEATH	28e. DATE OF INJURY	Y 28b. TIME	OF 28c.	INJURY AT		ecily) BE HOW INJURY OC	CUBED	
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yeer,) INJUI	RY	WORK? YES 2 NO	and begoning	se now injohr oc	CONED	
2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJUI	RY — At home, ferm, str			281 LOCATIO	N (Street and Number	or Burni Do	uto Alumbas
4 Homicide determined	building, atc. (Sc	pecify)	,		City or To	wn, Stete)	OF HURBI HO	ute Number,
290. CERTIFIER	Class To the boundary		7 - VI		33			
(Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my kno	wiedge, death occurred	at the time, o	iste end placs, end dus	to the cause(e)	end menner ee stat	ted,	
	R: On the basic of examinat	non endor investigation,	in my opinio	n, death occured at the	time, date end	place, end due to th	e cause(e)	end manner ee stated.
296. SIGNATURE AND TITLE OF CERTIFIE	///			29c. LICENSE NUI	MBER	29d. DAT	E SIGNED	Month, Day, Year)
20 NAME AND ADDRESS OF THE	crew or			1 5/9	66		7/3/	91
30. NAME AND ADDRESS OF PERSON WH	SE COMPLETED CAUSE OF D	DEATH (ITEM 27) (Type, P		1 7	,	,		1 /
31. DATE FILED (Month, Day, Year)	32. BEGISTRAR'S SIG	ENATURE -	606	DUTCH	MANS	LANT C	1110-	J md 2/69
000 05 1001	Lucia David							
SEP (19 1991	0	-						DAMAN 16 Sou 1890

Market G 1 436

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	HIII	ICALE	: Ur	DEAL	П	P	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) GEORGE EDWARD HAL	JSER							2. DATE OF MONTH Septer	DA		YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF E	HTRIE		6. BIRTHPL	ACE (State or Foreign
	218-30-0588	1 🖾 M 2 🗌 F	64	YRS.	MONTHS	DAYS	HOURA	MIN.	April	9, Year)	927	Mary	land
	Se. FACILITY NAME (If not institution, give stre	et end number)					R LOCATI	ON OF D	EATH		9c. COUN	TY OF DEA	TH
OR O	Garrett County Me	morial H	lospital		0	akla	.nd				Garı	rett	
2	10e. STATE 10b. COUNTY			100 CIT	Y, TOWN O	P I OCAT	ION					L	od. INSIDE CITY
DIRECTOR	Maryland Garre	tt			klan		ION			10			LIMITS?
7	10e. STREET AND NUMBER					101	ZIP COD	E		10g. CITIZEN OF WHA			AT COUNTRY?
FUNERAL	Rt. 1 Box 5540					2	1550			USA			
5		12. WAS DECEDENT	EVER IN U.S. ARI						NIC ORIGIN? (S		or No-	14. RACE -	- American Indian, While, etc.
ВУ Р	1 X Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	0			2 NO		in, Puerto Rica y:	n, etc.)			White
	15. DECEDENT'S EDUCA (Specify only highest grade of	TION ompleted)	(Gh	ve kind of v	USUAL O	CCUPATIO	ON ast of worldr	na	16b. KII	ID OF BUS	INESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) life.	rpen	te retired.)				Cor	ıstrıı	ctio	1	
M	17. FATHER'S NAME (First, Middle, Last)		00	- Peri			10 MOT	HEDIO NA	ME (First, Midd				
	Homer Bliss	Hauser					Haz		Pearl		oth		
TO BE	19e, INFORMANT'S NAME (Type/Print)								Floute Number, (
F	Robert F. Hauser			t. 1		x 55			cland,	_	_		
	20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	al from State	20b. PLACE of other pie	ice)				natory or				e. Ma	ryland
	21. SIGNATURE OF PONERAL SERVICE FICE						O ADDRE	SS OF FA	CILITY			ox 24	
	Kolun V40	Que	M00167		D	urst	Fun	eral	L Home				. 21550
	23. PART i. Enter the diseases, or co shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	at only one cau	se on each lina.		work	e						eat,	Approximate Interval Between Onset and Death
		OUE TO	OR AS A CONSEC	DUENCE OF	F):	2 .		/ '1	Di		1 .		?
ON	Sequantially list conditions, b.	DUE TO	(OR AS A CONSEC	DUENCE OF	F):	The	ran	ha	The	mad	14		->
CERTIFICATION	If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury												
E	that initieted events resulting in deeth) LAST	DUE TO	(OR AS A CONSEC	UENCE O	F):								
50	d.												
	PART II. Other algnificent conditions	contributing to	death but not re	esulting	in the un	derlyln	g ceuse :	given In	Part i. 24	. WAS AN			PERE AUTOPSY FINDINGS
MEDICAL										PERFOR		_ 0	MAILABLE PRIOR TO COMPLETION DF CAUSE
	Gran Noga	Ine C	20.57)						_ ' '	<	3		F DEATH?
		9	0									'	□ YES 2 1 HO
M	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF D	EATH (C)	neck only one)	-			
PHYSICIAN:	EXAMINER?	HOSPITAL:	ER/Outpetient 3	□ DOA	OTHER		10 5 🗆 R	eldence	6 Other (S)	pec(fy)			
Ŧ	27. MANNER OF DEATH	28e. DATE OF (Month, De	INJURY	28b. TIM		28c, IN.	URY AT		28d. DESCRI		NJURY OC	CURED	
BY P	1 Natural 5 Pending 2 Accident Investigation	(MONO), DA	ay, rour)	1147	M		YES 2 [NO					
	3 Suicide 6 Could not be		F INJURY — At horetc. (Specify)	me, ferm,	street, fact	tory, offic	•		28f. LOGATIO City or R	ON (Street e own, State)	nd Number	or Rural Ros	ute Number,
COMPLETED													
립	29e. CERTIFIER (Check only												
S S	0/10) 2 MEDICAL EXAMINER	On the basis of e	camination end/or i	nvestigatio	on, in my o	pinion, o	leath occu	red at the	time, date end	d plece, en	d due to th	e ceuse(e) e	and manner se stated.
BE C	29b. SIGNATURE AND THE OF CERTIFIER						29c. LIC	ENSE NU	MBER		29d, DAT	E SIGNED (A	Aonth, Day, Year)
	Ky										•	9/6	191
5	30. NAME AND ADDRESS OF PERSON WHO					1 77		1	0-1-1		(1)	1550	
	Robert Coughlin,		Garrett	Men	or1a	T Ho	ospit	al	Uaklai	na, N	1 a . 2	1220	
1	SEP 6 1991	gulia Da	R'S SIGNATURE	due									

1	1. DECEDENT'S NAME (First, Middle, Last)				DEATH 2.1	REG. NO.	/. Y	3. TIME OF DEATH
	Beatrice Amel		yrs. last birthday)	IF UNDER 1 YEAR		O4 O	7	BIRTHPLACE (State or Foreign
PI)	578-54-9425	1 M 2 CF	3 YRS.	MONTHS DAYS	HOURS MIN.	Month, Pay, Year)	00	Country) Maryland
1	9e. FACILITY NAME (If not institution, give str	reet end number)		9b. CITY, TOWN C	OR LOCATION OF DEATH	-1101	9c. COUNTY	arts.
TO.	University Nursi	ng Home		Wheato	on		Mon	tgamery
DIRECTOR	10e. STATE 10b. COUNTY			Y, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER	e atome	2	Greenbel	ZIP CODE		10a. CITIZEI	YES 2 NO
FUNERAL	6 H Plateau Plac	e			20770		-10	ed States
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES	X ⊠NO	If yes, sp	ENOENT OF HISPANIC O ecity Cuben, Mexican, Pu 2 NO Specify:	RIGIN? (Specify Yes erto Ricen, etc.)	or No 14	Black, White, stc. Specify:
8	15. DECEDENT'S EDUC (Specify only highest grade of	ATION 16	(Give kind of v	USUAL OCCUPATION	ON et of working	16b. KIND OF BUS	INESS/INDUS	TRY
COMPLETED	Elementary/Secondary (0-12) 12 years	College (1-4 or 5+) 4 years	Ilfa. Do NOT us	tered Nu		Hospit	1	
SOM SOM	17. FATHER'S NAME (First, Middle, Last)	4 years	Negrs	retea M	16. MOTHER'S NAME (
111	Charles Westly	Smith			Elizabeth			
TO BE	19e. INFORMANT'S NAME (Type/Print)				and Number or Rural Route	Number, City or Town	, State, Zip Co	ode)
8	Betsy Lee Trop	20b. P	PLACE OF DISPOS	NE AS #10 SITION (Name of cor		20c. LO	CATION — CIT	y or Town, Stata
must	15 Buriel 2 Cremation 3 Remo	oval from State Mt	other place)	t Cemete	ery			k, Maryland
examiner	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	1		V. Borgwa	Υ		
medical exa	Nonald V,	Dorgward	7					le, Md. 2070
traumatic event, the	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C	Elect	holyte	1'm	balan	re	day
or other	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF	FIDE / (TY	to 60	XT		
	PART II. Other significant conditions					i. 24a. WAS AN	ALITOPSY	<u> </u>
A A		HILMEN			g cause given in Part	PERFOR		
- 3		11/1040	, tenso		g cause given in Part	PERFOR	MED?	AMILABLE PRIOR TO
MEDI		7,400	, tensi		g cause given in Pari	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
MEDIC	25. WAS CASE REFERRED TO MEDICAL		, tensi	in	g cause given in Pari	PERFOR	MED?	24b. WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 21 NO
MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 VO	HOSPITAL: 1 Inpatient 2 ER/Outpati		28. PI		PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
, or tem 23 shows an HYSICIAN: MEDIO	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	HOSPITAL: 1 Inpellent 2 ER/Outpat 28a DATE OF INJURY (Month, Day, Year)	tient 3 DOA 28b. TiM	26. PI OTHER: 4 Valueling Horn BURY M 1	LACE OF DEATH (Check of the 5 Residence 6 DIURY AT 284) PKY 2 NO	PERFOR 1 YES 2 Inly one) Other (Specify) I. DESCRIBE HOW II	MED?	AMAILABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 22 NO
is marked, or tem 23 shows an D BY PHYSICIAN: MEDIO	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Inpellent 2 ER/Outpett	Slent 3 DOA 28b. TIM	26. PI OTHER: 4 Valueling Horn BURY M 1	LACE OF DEATH (Check of the 5 Residence 6 DIURY AT 284) PKY 2 NO	PERFOR 1 YES 2 Inly one) Other (Specify) I. DESCRIBE HOW II	MED?	AMAILABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 NO
Item 28 is marked, or Item 23 shows an PLETED BY PHYSICIAN: MEDI	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only)	HOSPITAL: 1 Impatient 2 ER/Outpati 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY	28b. TiM IN.	26. PI OTHER: 450 Nursing Hom BE OF 28c. INJ URY M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	LACE OF DEATH (Check of the 5 Residence 6 UNRY AT PRE? 284 NO 284 PRES 2 NO 286 PRES	PERFOR 1 YES 2 Other (Specify) 5. DESCRIBE HOW if City or Town, State)	NJURY OCCUI	AMAILABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 NO RED Rural Route Number,
PORTANT: If Item 28 is marked, or Item 23 shows an BE COMPLETED BY PHYSICIAN: MEDI	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINET	HOSPITAL: 1 Impetient 2 ER/Outpet 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY — building, atc. (Specify CIAN: To the best of my knowled R: On the basis of examination a	and/or investigation	26. PI OTHER: 4 Nursing Hom RE OF 28c. INJ UNY M 1 1 street, factory, officered at the time, date on, in my opinion, of	LACE OF DEATH (Check of the 5 Residence 6 UNRY AT PRE? 284 NO 284 PRES 2 NO 286 PRES	PERFOR 1 YES 2 The Yes 2 The Yes 2 The Yes 2 The Yes 2 The Yes 2 The Council (Street & City or Town, State) The cause(e) and mark, date and place, and	NJURY OCCUI	AMAILABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 NO RED Rural Route Number,
PORTANT: If Item 28 is marked, or Item 23 shows an BE COMPLETED BY PHYSICIAN: MEDIO	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	HOSPITAL: 1 Inpetient 2 ER/Outpet 28a. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — building, stc. (Specify CIAN: To the best of my knowled R: On the bests of examination a	and/or investigation	26. PI OTHER: 45 Nursing Horn BE OF 28c. INJ URY M 1 1 street, factory, office red at the time, date on, in my opinion, of	LACE OF DEATH (Check of the 5 Residence 6 IURY AT PRES 2 NO The 28 The 28 The 28 The 28 The 38	PERFOR 1 YES 2 The Yes 2 The Yes 2 The Yes 2 The Yes 2 The Yes 2 The Council (Street & City or Town, State) The cause(e) and mark, date and place, and	NJURY OCCUI	AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 25 NO RED Rural Route Number,

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Towns after death. Page 6 may be retained by the hospital or attending physician.
THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit perm
be filed within 72 hours after death with the State Dept, of Health and Merital Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

10

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

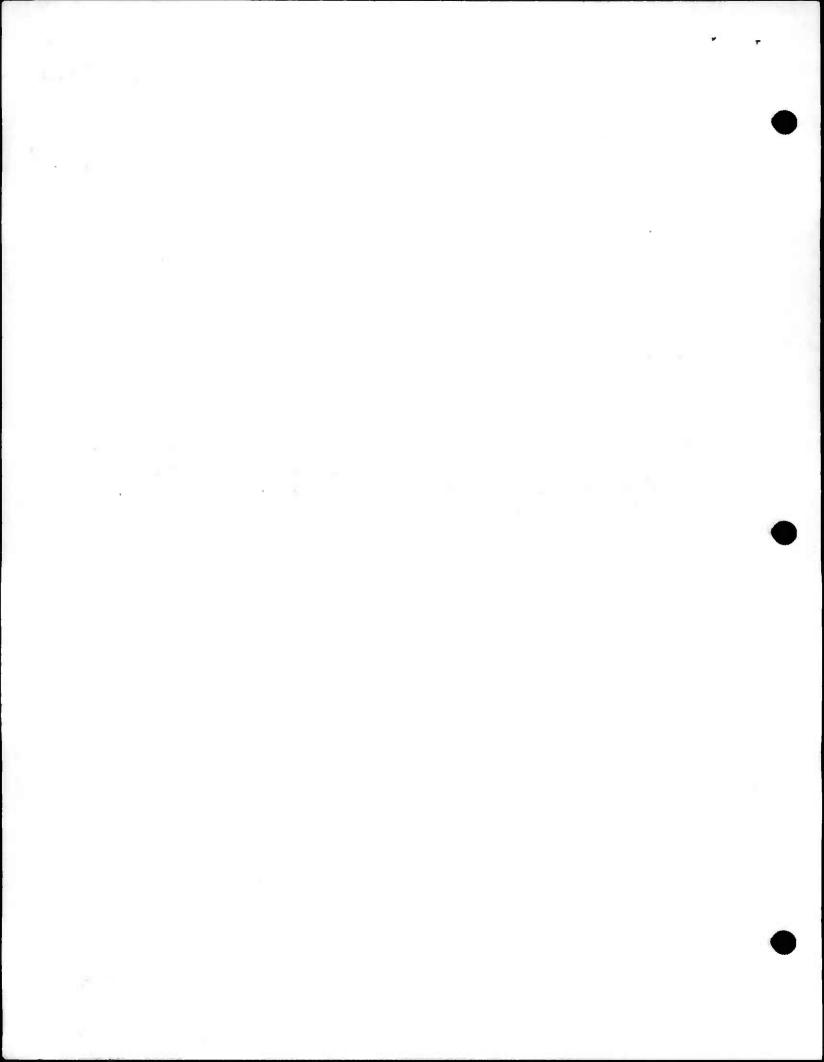
1. DECEDENT'S NAME (First, Middle, Last)		C	EKIIF	ICATE OF	DEATH	REG.	VO.			
						2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH	
Gertrude	D.		Hey	71		Septembe			12:45 P	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	it birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		a. BIRTI	IPLACE (State or Foreign	
055-38-5845	1 🗆 M 2 💢 F	85	YRS.	MONTHS DAYS		(Month, Day, Year March 3,	1906		York	
9s. FACILITY NAME (If not institution, give s Shady Grove Advent		ing Cen	ter		ckville	EATH		Mont	gomery	
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Y		10c, CIT	Y, TOWN OR LOCAT	TION				10d. INSIDE CITY LIMITS?	
	ward		D	eerfield					1 X YES 2 NO	
100. STREET AND NUMBER 1511 SE 15th Cou	ırt			101	33441				es States	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		TEVER IN U.S. AR YES 2 XI WAR OR DATES		If yes, sp		NIC ORIGIN? (Specify in, Puerto Rican, etc. y:		14. RAC Blac Spec	E — American Indian, ik, Whita, etc. ://y: White	
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5	(G	ECEDENT'S live kind of a b. Do NOT us	USUAL OCCUPATION WORK done during more retired.)	ON ost of working	16b. KIND OF	BUSINESS/IP	NDUSTRY		
	2	<i>'</i>	Home	maker			n Hom			
17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Ma	den Sumame))		
Earl Dorland	l				Jessi		borne			
19a. INFORMANT'S NAME (Type/Print)						Floute Number, City or				
Suzanne H. Vesper					Court, I	Rockville	, Mar			
1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	other pi	lace)		corium,				Maryland	
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	MOO3		22. NAME A	NO ADDRESS OF FA	ICIL(TY _	eches	ua, r	daryranu _	
Barbara Jom	Mullen			Rocky	rt A. Pun Ville, Ir Je. Rocky	mphrey Fu nc. 300 ville. Ma	Mest West	Home Monto	e/ Jomery 0850-2805	
disease or condition resulting in death) a. Pneumonia DUE TO (OR AS A CONSEQUENCE OF): Congestive Heart Failure DUE TO (OR AS A CONSEQUENCE OF): Cerebrovascular Accident DUE TO (OR AS A CONSEQUENCE OF): Cerebrovascular Accident DUE TO (OR AS A CONSEQUENCE OF): Cerebrovascular Accident DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other significent condition	d. Apha		resulting	in the underlyin	g ceuse given in	Part I. 24e. WA	S AN AUTOPS	Y 24	b. WERE AUTOPSY FINDING	
							REFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL					LACE OF DEATH (C	heck only one)				
EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER: 4 X Nursing Hor	ne 5 🗆 Residence	6 Other (Specify)				
27. MANNER OF DEATH 1 🕅 Netural 5 🗌 Pending	28a. DATE O (Month,	F INJURY Day, Year)	28b. TIR	JURY W	JURY AT ORK?	28d. DESCRIBE H	OW INJURY O	OCCURED		
2 Accident Investigation 3 Suicide 8 Could not be		OF INJURY — A1 h	ome, farm,	street, factory, offic	YES 2 NO	281. LOCATION (SI		ber or Rura	Route Number,	
4 Homicide determined	Dunung	, etc. (Specify)				City or Town, S	otate)			
3 Suicide 4 Homicide 4 Homicide 5 Could not be detarmined 5 City or Town, State 6 City or Town, State 7 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and ma (Check only one) 7 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and state and state and place, and state and state and state and state and state and state and state and state and state and state and state an									(s) and manner as stated	
Conson only										
Conson only	ER /			0	29c. LICENSE NU	MBER	29d. D	ATE SIGNE	D (Month, Day, Year)	
one) 2 MEDICAL EXAMIN	dha	Rae	M	0	29c. LICENSE NU D357				mber 5, 199	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-Mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MAR		RTMENT OF HEALTH		REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DA	TE OF DEATH		3. TIME OF DEATH		
	Laneice D. Hodg	е				9 0		1:05 am M		
	4. SOCIAL SECURITY NUMBER	The second secon	AGE (In yrs. last birthday)	MONTHS DAYS HOURS	R 24 HRS. 7. DAT	TE OF BIRTH onth, Day, Year)	8.1	BIRTHPLACE (State or Foreign Country)		
V	160-50-3260	1 🗆 M 2 💢 F	34 YRS.		04	-25-57	P	OCOMOKE, MD.		
Į	9e. FACILITY NAME (If not institution, give a			Salisbury	ION OF DEATH		Wicom	Control of the Contro		
CLO	Deer's Head Center									
DIRECT	10e. STATE 10b. COUNT WIL	COMICO		ALISBURY				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 410 POPLAR	STREET		101. ZIP COS 2180			10g. CITIZEN	OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 XDivorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR (YES 2 NO	13. WAS DECENDENT If yes, specify Cub 1 YES 2 NO	en, Mexican, Puar		s or No— 14.	RACE — American Indian, Black, White, atc. Specify: BLACK		
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Give kind of	S USUAL OCCUPATION f work done during most of work		16b. KIND OF BL	JSINESS/INDUST			
COMPLET	Elementary/Secondary (0-12) 12th.	College (1-4 or 5+)	DOMEST	use retired.)		HOUSE	WIFE			
BE CO	17. FATHER'S NAME (First, Middle, Last)	EARLY HODGE	<u> </u>	18. MOT	THER'S NAME (Firs		COLLIN	S		
9	190. INFORMANT'S NAME (Type/Print) EARLY	HODGE		IG ADDRESS (Street and Number DRESS SAME AS		lumber, City or To	wn, State, Zip Coo	de)		
	20e. METHOD OF DISPOSITION 1 X Burtel 2 Cremetion 3 Removal from State 4 Donastion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometary, cremetory or other Right PARK CREEN ACRES MEMORY PARK 20c. LOCATION — City or SALISBURY									
	21. SIGNATURE OF JUNERAL SERVICE LI	CENSEE	N.			CHAPEL.	RTF.	2, BOX 920		
	Farella	B. Yol	Ellej	SALISBUR	Y, MD.	21801				
	22 DART I Enter the discours on	complianting that on								
1	shock, or heart failure.	List only one cause of	on aach line.	not entar tha moda of d	ying, such aa c	ardiac or real	piretory arrest	Interval Batween		
140	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	List only tine cause of	on aach/line.			ardiac or rea	piretory arreat	Interval Batween Onsat and Death		
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	List only tine cause of	om aach/line. oma, meta	astatic, AI		ardiac or rea	piretory arrest	Interval Batween		
2	shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Lympho	on aach/line. Oma, meta As a consequence	astatic, AI		ardiac or rea	piretory arreat	Interval Batween Onsat and Death		
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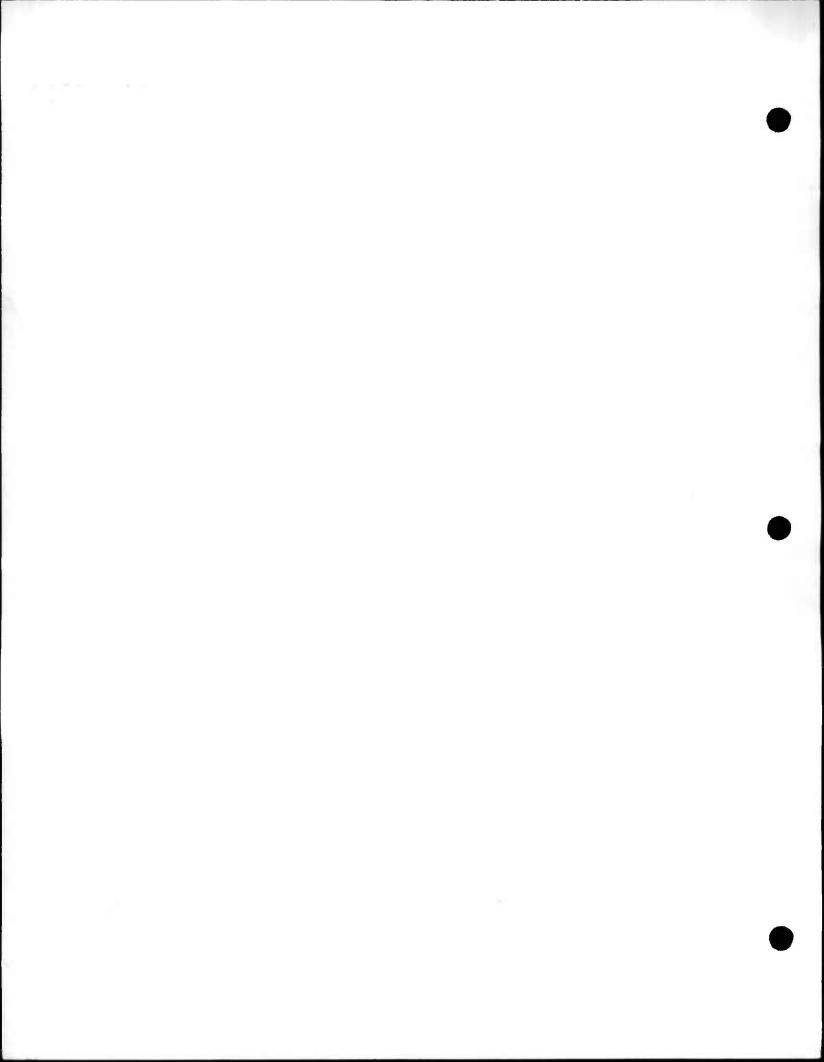
TO BE COMPLET	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
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val.	be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached for us	TO THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us
er death. Page 6 may be retained by the hospital or a	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hospital or a

	1 - STATE REGISTRAR	SIAIE UF MARYL		ICATE OF		MENIAL HYGIEN REG. NO	_	25019
	1. DECEDENT'S NAME (Filet, Middle, Last)	ROBERT L.				2. DATE OF DEATH		3. TIME OF DEATH 3:30 Pm
1	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.1	BIRTHPLACE (State or Foreign Country)
)	218-16-0207	Van 2 □ F 7	4 YRS.	MONTHS DAYS	HOURS MIN.	Feb 7.		Maryland
	9a. FACILITY NAME (If not institution, give	etreet and number) Apt	#E	9b. CITY, TOWN	R LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
ö	7900 Spiceberr		Gait	hersbur	g	Monte	gomery	
FUNERAL DIRECTOR	10a. STATE 10b. COUNT	γ	10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY
ă	Maryland Mont	gomery		Gaith	ersburg			LIMITS? 1 ☑ YES 2 ☐ NO
MI	10e. STREET AND NUMBER			10	ZIP CODE			OF WHAT COUNTRY?
Ä	7900 Spiceberr		Apt E		20877			S.A.
BY	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR D	2 XNO	If yes, sp		ilC ORIGIN? (Specify Yen, Puarto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: Black
COMPLETED	15, DECEDENT'S EDI (Specify only highest grad	JCATION e completed)	(Give kind of	USUAL OCCUPATION	ON est of worldna	16b, KIND OF BU	SINESS/INDUST	TRY
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT u	se retired.)		Non		
N N	8th Grade 17. FATHER'S NAME (First, Middle, Lest)		Window	v Clean		ME (First, Middle, Melder		
		Iall			Reva		rter	
) BE	19a. INFORMANT'S NAME (Type/Print)	(Wife)	19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or To	vn, Stata, Zip Co	^(a) 20877
2	Mrs Margaret H.	•	7900	Spice	berry C	ircle, G	Saithe	
	20a. METHOD OF DISPOSITION 1 Derial 2 Cremation 3 Ren	novel from State	b. PLACE OF DISPO				OCATION — City	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L		sh Memo		emetery		indy S	pring, Md
	CLOSE R	mont	lew	SNOW	DEN FUN	ERAL HOM	E P.A St, Ro	. 20850 ckville, Md
	23. PART I. Enter the diseases, or shock, or heart feliure	complications that cause list only one cause on a				h ea cardiac or reep	piretory errest	, Approximete interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Lun	9 Car	NG CANC	ER			Onset end Death
_	_	DUE TO (OR AS A	CONSEQUENCE O	F):				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b. DUE TO (OR AS /	A CONSEQUENCE O	F):				i
S	cause. Enter UNDERLYING CAUSE (Disease or injury	c						
E	that initiated events resulting in deeth) LAST	DUE TO (OR AS A	A CONSEQUENCE O	F):				
5		d						
	PART II. Other algnificant condition	na contributing to death t	out not resulting	in the underlyin	g cause given in		N AUTOPSY	24b. WERE AUTOPSY FINDINGS
MEDICAL						1 YES	-,,	COMPLETION OF CAUSE OF DEATH?
ME								1 YES 2 NO
N.								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Ch			
HYS	1 YES 2 NO 27. MANNEB OF DEATN	1 Inpetiant 2 ER/Out	patient 3 U DOA		Ne 5 Residence	6 Other (Specify) 28d. DESCRIBE NOW	INTITIBA OCCITIB	F D
YP	1 Natural 5 Pending	(Month, Day, Year)	IN IN	JURY W	YES 2 NO			
D BY	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spe	r — At home, farm,	street, factory, offic	**	281, LOCATION (Street City or Town, State		Rural Route Number,
II	4 Nomicide determined					City or Jown, State	,	
COMPLETED	anal .	BICIAN: To the best of my know ER: On the basis of examination						evee(a) and manner as stated.
BE	296 BIGNATURE AND TOLE OF CERTURE		np		D219	MBER 10	29d, DATE SI	GNED (Month, Day, Year)
2	WHAME AND ADDRESS OF PERSON W		39 39	47 Fe	rrara	Dr	Whea	fon and
	31. DATE FILED (Month, Day, Year)	Julia Davidson						

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BALTIMORE, MARYLAND 21203-3146	e reta	5 5	noti
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Z	ING P	eath v	mar
SIG	TEND	TOR: A	80
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	JA AT	DUIS a	em 2
	TAL	RAL C	: H H
	HOSP	FUNE	TANT
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a median feet death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	2	2 3	=

19.

	1 - STATE REGISTRAR	SIAIE UF N					DEATH AND	MENIA	REG. NO.	E	91	25680
	1. DECEDENT'S NAME (First, Middle, Last)		1		11.			2. DATE	E OF DEATH	·	YEAR 3.	TIME OF DEATH
	THEODOR	E	4.		HE1	UN	1W651	1	4.0	21	91	1905 (B)
ľ	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. I		IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mon	of BIRTH		Country)	ACE (State or Foreign
1	552-32-3145 9a. FACILITY NAME (If not institution, give:	1 XXM 2 □ F	63	YRS.		200		08	/3//	28	Calíf	
œ	Shady Grove Adve		nital			kv1	R LOCATION OF D	EATH		100 L	nty of DEAT	
81	RESIDENCE OF DECEDENT	neise nos	prear	_	Roc	KV I.			<u>.</u>	1101	regome	Ly
DIRECTOR	10a. STATE 10b. COUNT				Y, TOWN O						1.0	d. INSIDE CITY LIMITS?
		gomery	Ga	lther	_						YES 2 NO	
RA	100. STREET AND NUMBER 177 Larchmont Te	****				101	20877				ZEN OF WHA	T COUNTRY?
¥	177 Latermone re	12. WAS DECEDEN	T EVER IN U.S. A	ARMED	13. V	WAS DEC	ENDENT OF HISPA	NIC ORIG	IN? (Specify Yes			American Indian,
BY FUNERAL	1 Never Married 2 Married 3 Widowed 4 Divorced		NO	11	yes, spe	elfy Cuban, Maxico 2 NO Specif	an, Puarto			Black, W Specify:	White	
	15. DECEDENT'S EDU (Specify only highest grade			DECEDENT'S	work done d	CUPATIO	N at of working	16	b. KIND OF BUS	INESS/IND	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	·) //	ontrac	se retired.)	J. C.			U.S.	Gover	nment	
ģ	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA					
BE	Knute Henningse	n							nderse			
2	190. INFORMANT'S NAME (Typo/Print) Chong J. Henning	sen	1		as #		nd Number or Rural	Route Nui	mber, City or Tow	n, State, Zip	Code)	
	20a. METHOD OF DISPOSITION 1 Burial 2 X Cremellon 3 Ren		20b. PLAC				netery, cremetory or		20c. LO	CATION -	City or Town,	State
	1 Donalion 8 Other (Specify)	noval from Stata	Met	ropol	itan	Cre	matory					/irginia
1	21. SIGNATURE OF FUNERAL SERVICE TO	GENSEE			22.1	NAME AN	D ADDRESS OF FA	ACILITY	De Vol	Fune	ral H	Ome
	£.3.x 1		- 1	M0089	5 10	E.	Deer Pa					MD 20877
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cau	ise on each li	na.			the f				reat,	Approximata interval Batwean Onset and Daath Dia Yndis August 91
CERTIFICATION	Sequantially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avanta resulting in death) LAST	c	(OR AS A CONS									
DICAL	PART II. Other algnificant condition	na contributing to	death but not	t resulting	in tha un	dariyin	g causa given in	Part I.	24a. WAS AN PERFOR 1 YES 2	RMED?	CC	ERE AUTOPSY FINDINGS AILABLE PRIDR TO DMPLETION DF CAUSE F DEATH? YES 2 NO
PHYSICIAN: ME												
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DEATH (C	heck only	one)			
17S	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2		3 🗆 DOA	4 🗆 Nurs	sing Hom	e 5 🗆 Raeldence	7		AL MERMAN AT THE	OUBER	
	1 Natural 5 Pending	(Month, E	Day, Year)	200. IIN	JURY M	28c. INJ WO	RK?	28d. Di	EŞCRIBE HOW I	NJURY OC	CURED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE C	OF INJURY — AI atc. (Specify)	home, farm,	atreet, facti	ory, offic		281. LC	CATION (Street by or Town, State)	and Number	r or Rural Roul	te Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	the state of the s										nd manner as stated.
BE C	266. SIGNATURE AND TITLE OF CERTIFIE	Mr					29c. LICENSE NU	MBER		29d. DAT	TE SIGNED (M	lonth, Day, Year)
2	Mul greene,	111	physici	ah			0204	125		•	9/2/	91
-		HO COMPLETED CAU	SE OF DEATH (IT	642	C/U	6 H	ouse R	d #	-615	Gu	1theu no 2	0879
	SFP 04 91	32. REGISTR	AR'S SIGNATURE	A Ban	2.00							



FILED (MORTIN, Day, Year)
SEP 04 91

32. REGISTRAR'S SIGNATURE

	ès 1, 2,	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

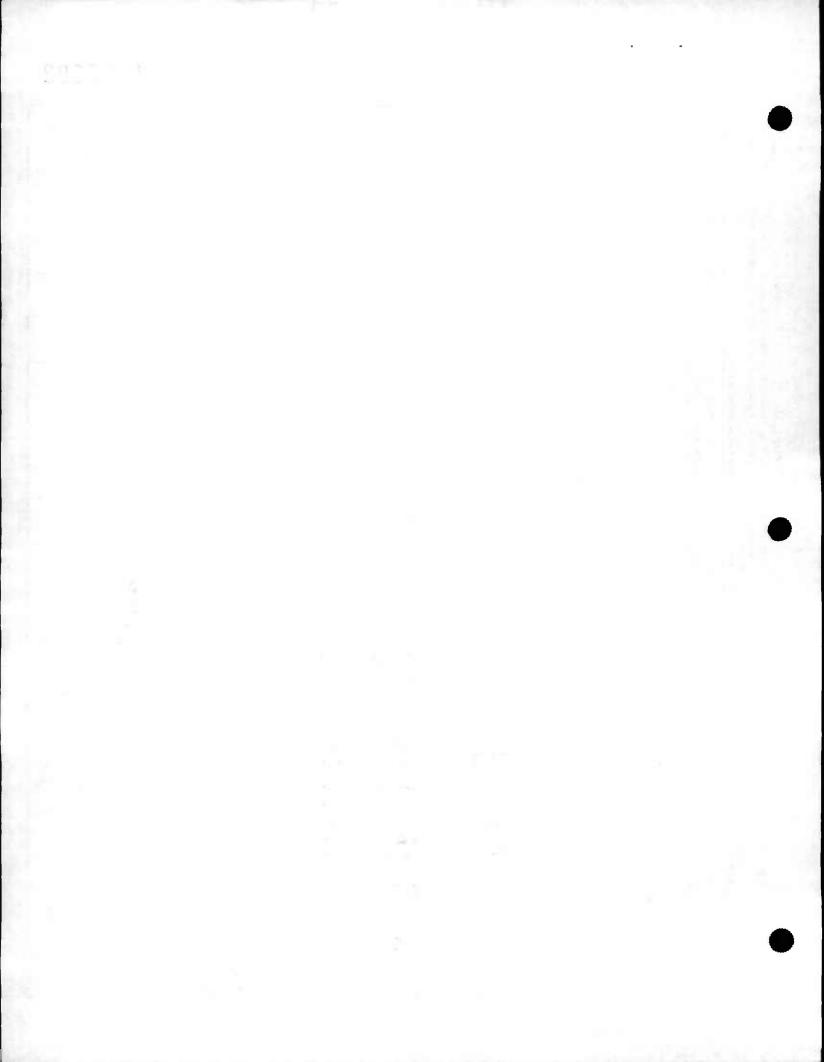
	1 - FOR STATE REGISTRAR	STATE OF M	IARYLAND	DEPAF	RTMEN	T OF H	IEALTH DE AT	AND I	MENTAL		E	91	25681
l li	1. DECEOENT'S NAME (First, Middle, Last)	1000	STELLA	н.			GTON		2. DATE (REG. NO			3. TIME OF DEATH
5,1	STELLA F	HARRI	US-700	7					80	30	-	7 /	X S AM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDE	DAYS	IF UNDER		7. DATE C	F BIRTN Day, Year)		S. BIRTH	PLACE (State or Foreign
1 4	213-56-4234	1 M 2 F	DAYS	HOURE	MIN.		7. 19	901	VIRG				
100	9a. FACILITY NAME (If not institution, give str	eet and number)			9b. CIT	Y, TOWN C	OR LOCATI	ON OF DE				NTY OF DE	
Ö	HOLY CROSS	HOSPITA	L			SII	VER	SPRI	NG		МО	NTGO	MERY
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		OR LOCAT	ION.					11100				
8	MARYLAND MONT	GOMERY		100.01	SILV		SPRI	NC					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	COLIDICI			DIL		ZIP CODE				T		1 YES 2 NO
FUNERAL	8922 GEORGIA AN	ENUE				101	209						HAT COUNTRY?
Š	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN II S AS	MED	42	W# C DC0						USA	
BY	1 Never Married 2 Merried Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 X	NO	13	If yes, sp	ecify Cuba 2 NO	n, Maxica	n, Puerto Ri	(Specify Yea can, etc.)	or No—	14. RACE Black Specifi	- American Indian, White, atc.
	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION occolered	16a. DE	CEDENT'S	USUAL C	OCCUPATIO	ON		16b.	KIND OF BUS	SINESS/INC	USTRY	
	Elementary/Secondary (0-12)	College (1-4 or 8+)	life	ive kind of a Do NOT us	e retired.)	during mo	st of workin	g					
MP	12		HON	1EMAK	ER								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NAI	ME (First, Mi	ddle, Malden	Surname)		
BE	CHARLES	SCHRE	INER				S	TELL	A			HEIS	SLEY
10	19a. INFORMANT'S NAME (Type/Print)			b. MAILING	ADORES	S (Street a	nd Number	or Rural F	loute Numbe	r, City or Town	n, State, Zip	Code)	
-	JEREMIAH F. HARRIN	GTON (SC	N) 5	5024	36th	PLA	CE,	HYAT	TSVII	LE, M	IARYL	AND 2	20782
	20a, METNOD OF DISPOSITION 1 (A Surfey 2 Cremation 1 Removed from State 20b. PLACEAND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State												
	4 Donation 5 Other (Specify) GATE OF HEAVEN CEMETERY												
	21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADORESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD. W., SIL.SP., MD 20901 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate									INC.			
	23. PART I. Enter the diseeses, or co shock, or heart fellurs. Li	mplications that	caused the de	ath. Do r	ot ente	r the mo	de of dyl	ng, such	es cardi	oc or reepl	ratory err	est,	Approximete
	IMMEDIATE CAUSE (Finel	or only one ceus		-	11			, ,					Interval Between Onset and Death
	disease or condition resulting in death)	(ong	potis	M	HE	on	1- fr	al.	~				
		DUE TO		DUENCE OF									
Z	Sequentielly list conditions, b.	UND	Sep s	is									
CERTIFICATION	if any, leading to immediate	DUE TO (OR AS A CONSEC	DUENCE OF	7:	0	1						
2	CAUSE (Disease or Injury c.	Cer	epro 1	/as	cul	D.	M	ce	(c	ent			
Ë	thet initiated events resulting in death) LAST	OUE TO (OR AS A CONSEC	DUENCE OF	7:	,							
#	d.	300	ferre	1)	(50	de							
- II	PART II. Other significent conditions	contributing to	leeth but not r	esulting (n the u	nderlying	COURS O	Ivan In I	Part I	4a. WAS AN	ALITODON	1	
PHYSICIAN: MEDICAL							ounce 9			PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
									-	YES 2	100		COMPLETION OF CAUSE OF DEATH?
Σ									- 1		,		1 TYES 2 NO
NA I	25. WAS CASE REFERRED TO MEDICAL												
8	EXAMINER?	OSPITAL:			OTHE	R:			ck only one)				
¥	27. MANNER OF DEATN	28e. DATE OF II		28b. TIME	-			Idenca 8	Other (
	1 Natural 5 Pending	(Month, Day	(Year)	INJ		28c. INJU WOF	RK?		26d. DESC	RIBE NOW IN	JURY OCC	URED	
B	2 Accident Investigation 3 Suicida & Could and be	28e. PLACE OF	INJURY At hor	ne ferm e	tract for		ES 2	NO					
	4 Homicide Could not be	building, a	le. (Specify)	iro, ieitii, e	treat, rac	tory, office			City or	ION (Street a Town, State)	nd Number	or Rural Ro	ute Number,
COMPLETED	29a. CERTIFIER	1120 200 200 0			_		_						
MP	(Check only	N: To the best of m	ry knowledge, de	eth occurre	d at the t	ime, data d	end placa,	and due t	the cause	(a) and man	nor ea state	ed,	
8	2 MEDICAL EXAMINER:	on the basis of exe	mination and/or i	nvestigation	a, In my o	opinion, de	ath occure	d at the t	ime, data ar	nd place, and	due to the	cause(a)	and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER						29c. LUCE	NSE NUMI	BER		29d, DATE		Month, Day, Year)
٩	Much		my				N.S.	28	17		18	130	181

1	REGISTRAR 1. DECEDENT'S NAME (First	t, Middle, Last)				ICATE	OI DEF		2. DATE O	REG. NO.	Y	YEAR 3.	TIME OF DEATH
- 5	Mabel			ouck		T to the second			9		0 - 9	91	12
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. le		MONTHS D	EAR IF UND	ER 24 HRS.	7. DATE Of (Month,	Day, Year)		8. BIRTHPLA Country)	CE (State or Fore
	173 - 03	- 1097	1 M 2 AF	4	4 YRS.	(2)			_	19-1			PA.
الهدد	90. FACILITY NAME (If not is					128	OWN OR LOCA					TY OF DEATI	
Ö	Crtizen RESIDENCE OF DE	Nurs.	ng Ho	me		Harr	e de	6.00	ce,	md.	Ha	rford	d
DIRECTOR	10a. STATE	10b. COUNT	Υ		10c. Cl	TY, TOWN OR	LOCATION	-				100	I. INSIDE CITY
E	Maryland	Ha	arford		1	Aberde	อท					15	LIMITS?
	10e. STREET AND NUMBER		ar rord		1 4	MACE CACC	10f. ZIP CO	DE			10g. CITIZ	EN OF WHAT	•
ER/	114 Mt	. Roya	al Avenue	2			210	01			τ	J.S.A.	
FUNERAL	11. MARITAL STATUS		12. WAS DECEDE	NT EVER IN U.S. A	RMED		S DECENDENT						Americen indier
BY F	1 Never Merried 2 3 Widowed 4 X Dive			WAR OR DATES	INO		es, specify Cu YES 2 🙀 N			cen, atc.)		Specify:	
			<u> </u>									Whi	te
ETED	15, OEC (Specify on	CEDENT'S EDU ly highest grade	completed)	- (Give kind of	work done dun		king	16b. H	UND OF BUS	SINESS/INDU	JSTRY	
Ä	Elementary/Secondary (0-12)	College (1-4 or 5	i+) "	e. Do NOT i	,							
COMPL	17. FATHER'S NAME (First, A	At date to an	0		Nur	se						erans	_
		OH ESTATE OF					18. MC		ME (First, Mid		Surneme)		
BE	John Rini								ie Fr				
2	190. INFORMANT'S NAME ('		G ADDRESS (S							04004
	Caroline					4 Mt.		Ave.					
	20e. METHOD OF DISPOSIT 1 Burlel 2 ☐ Cremetic	on 3 🗆 Rem	noval from State	of cemetar	E AND DAT	y or other place	iTION (Name e)		DATE			City or Town,	
		Surlet 2 Cremetion 3 Removal from State Of cemetary, crematory or other place) Rock Run Cemetery 9/12 Havre de Grace, Maryla											
	Tarring-Cargo Funeral Home, P.A.												
	Remails 15 Cares Aberdeen, Maryland 21001-3399												
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.										Approxima		
	IMMEDIATE CAUSE (Final										intarval Ba Onset and		
	disesse or condition resulting in death)	→	. (AL	Him	1. 1/2	non	ars	AV	rost				
	reculuity in death)	•	DUE TO	O (OR AS A CONS	EOUENCE (on:	0	A	1~1			1	
z			a Ch	ibrors	5 cm	Lan	Acco	ile	nt				,
ERTIFICATION	Sequentisily list condi- if any, laading to imme		DUE TO	O OR AS A CONS	EOUENCE (OF) _A		-	/	2	0.		frer
S	Cause. Entar UNDERLY CAUSE (Disease or Inj.		a A	tuis	elle	tie (and	100	rem	land	do	lone	V
E	that Initiated events		/ DUE TO	O (OR AS À CONS	ONSEQUENCE OF))			Poo
	reaulting in death) LAS	" L	d									/_	
C	PART ii. Other signific	ant conditio	ns contributing t	o daath but not	reauiting	In the unde	riving caus	e given in	Part I.	24a. WAS AN	AUTOPSY /	24b. WE	RE AUTOPSY FI
S		0.	_	_ ^		0	.1			PERFOR	RMED?	M	MPLETION OF C
MEDIC		24.0	61-	erch	17	1 1/4	A-C	115	1	1 YES 2	[H-NO	OF	DEATH?
	l ———	1000	1100	0000	002	with	-/10	000	_			1	YES 2
Z	25. WAS CASE REFERRED 1	TO MEDICAL					26, PLACE OF	DEATH (C)	hook only one	1			
4	EXAMINER?		HOSPITAL:	C ED/Outsettent	0 U DO4	отныя:							
SICIA			28e. DATE C	ER/Outpatient	3 L DOA		g Home 5 🗆 8c. INJURY AT		1	(Specify)	NJURY OCC	HRED	
HYSICIA			(Month,	Day, Year)	1	JURY	WORK?		250. 5650			- CIMO	
PHYSICIAN:	27. MANNER OF BEATH	Pending							004 4 004			or Rumi Rout	
В	27. MANNER OF BEATH 1 Netural 5 1 2 Accident	Investigation	28s. PLACE	OF INJURY At I	nome, ferm	atreat factor	office Par			FION (Straet)	and Number		a Number
	27. MANNER OF BEATH 1 Netural 5 1 2 Accident		28e. PLACE building	OF INJURY At I	home, farm	street, factor	y, office			TION (Street of Town, State)		OF FRANK FROM	Number,
ETED BY	27. MANNER OF BEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide	Could not be determined	Dullain	g, etc. (Specify)		//	4		City or	Town, State)			a Number,
ETED BY	27. MANNER OF BEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide 29e. CERTIFIER (Check only	Could not be determined	SICIAN: To the best	of my knowledge,	death occur	rred at the time	e, date end ple		City or	Town, State)	nner ee state	od.	
ETED BY	27. MANNER OF BEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide 29e. CERTIFIER (Check only	Could not be determined	Dullain	of my knowledge,	death occur	rred at the time	e, date end ple		City or	Town, State)	nner ee state	od.	
E COMPLETED BY	27. MANNER OF BEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide 29e. CERTIFIER (Check only	Could not be determined	BICIAN: To the best	of my knowledge,	death occur	rred at the time	e, date end ple		City of	Town, State)	nner ee state	ed. e cause(a) ar	
BE COMPLETED BY	27. MANNER QE DEATH 1 Neturel 5 2 Accident 3 Suicide 8 4 Homicide 29e. CERTIFIER (Check only one) 2 MEI	Could not be determined	BICIAN: To the best	of my knowledge,	death occur	rred at the time	e, date end ple	cured at the	City of	Town, State)	nner ee state	e cause(a) ar	d manner ee s
E COMPLETED BY	27. MANNER QE DEATH 1 Neturel 5 2 Accident 3 Suicide 8 4 Homicide 29e. CERTIFIER (Check only one) 2 MEI	Could not be determined TIFYING PHYS DICAL EXAMIN	SICIAN: To the best of	of my knowledge, examination end/or	death occur or investigat	rred at the time	e, date end ple	cured at the	City of	Town, State)	nner ee state nd due to the 29d. DATE	e cause(a) ar	d manner ee s

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randoll

T T 91

2104



	THE HOSPITM OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	THE FINERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		INPORTANT: It leem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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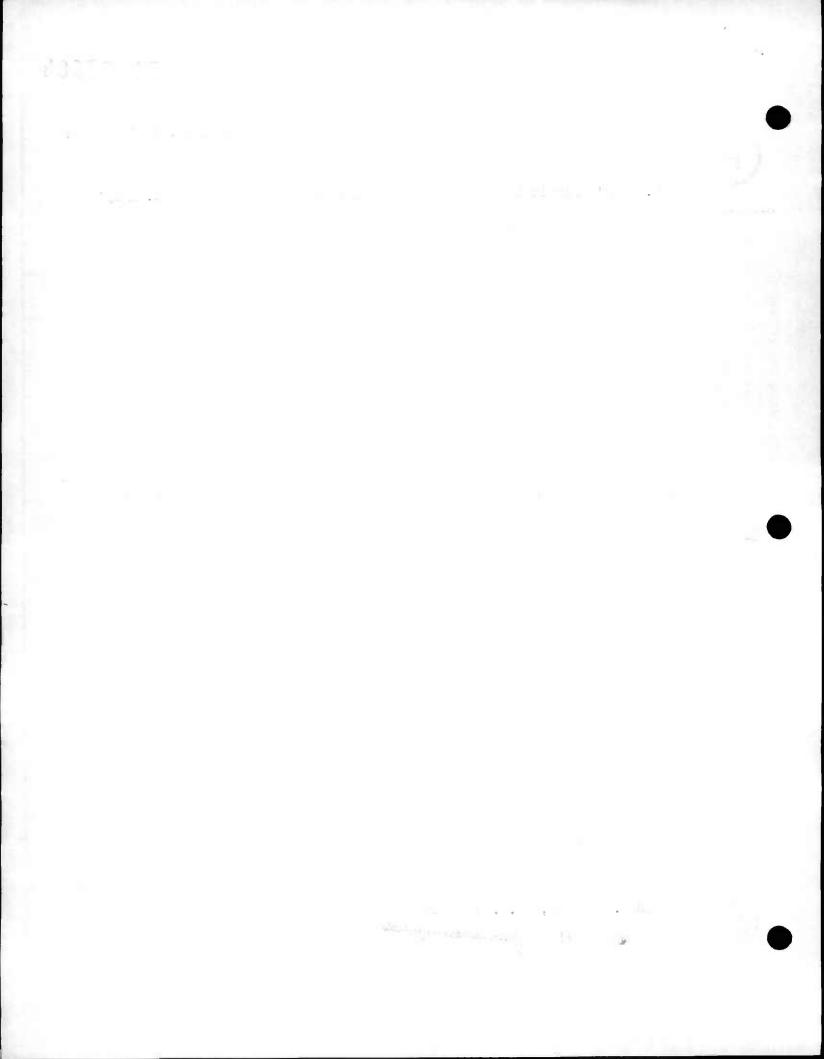
	1 - STATE OF MARYLAND A		MENT OF H			NTAL HYGIEN			25683		
	1. DECEDENT'S NAME (First, Middle, Last) JACK WAYNE HOWLAND		AIL OI	DEATT	2.	DATE OF DEATH	2_26_	91 21EAR	3. TIME OF DEATH 9:40 D M		
)	4. SOCIAL SECURITY NUMBER 393-20-4075 9. FACILITY NAME (If not institution, give street and number) 8. AGE (In yrs. In:	YRS. MO	UNDER I YEAR NTHE DAYS		AIN.	DATE OF BIRTH (Month, Day, Year)	922	8. BIRTH Countr WIS	IPLACE (State or Foreign y) CONSIN		
DIRECTOR	St. Warm's Hospital RESIDENCE OF DECEDENT 100. STATE 100. COUNTY	OF DEATH	St. Mary's								
L DIR	MARYLAND ST. MARY'S		OLLYWOO	D				1 YES 2 NO			
FUNERAL	113 WHISKEY CREEK ROAD		10f.	20636			J.S.A	VHAT COUNTRY?			
BY	11. MARITAL STATUS 1 ☐ Never Merried 2 ☐ Merried 3 ☐ Widowed 4 ☐ Divorced 12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 ☐ YES 2 ☐ IF YES, GIVE WAR OR OATES 1950 — 1966	RMED NO	It yes, spe	NDENT OF Holling Cuben, R	faxican, Pr	PRIGIN? (Specify Yes parto Rican, etc.)	or No—	14. RACE Black Special	Party Co.		
COMPLETED	(Specify only highest grade completed) (G	ECEDENT'S USE Give kind of work b. Do NOT use re	JAL OCCUPATION done during mos tired.)	N t of working		16b. KIND OF BUS	SINESS/INC	-			
MP	17. FATHER'S NAME (First, Middle, Last)	PILOT				U.S. A		RCE			
BE CC	GEORGE HOWLAND			GR	ACE :	First, Middle, Maiden L. BIGEL	WC				
5	MARY A. HOWLAND					Number, City or Town			0636		
	MARY A. HOWLAND 113 WHISKEY CREEK RD., HOLLYWOOD, MD. 20636 20s. METHOD OF DISPOSITION X: Burlet 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of ARLINGTON, VIRGINIA ARLINGTON, VIRGINIA)										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		P.O. B	OX 27	0, L		NN, M	IARYI			
CERTIFICATION	23. PART i. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, about, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death of the part of the par										
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMEDT 1 YES 2 NO 24b. WERE AUTOPSY PINDENDS AMALABLE PRIOR TO COMPLETION OF CAUSE OF CEATH! 1 YES 2 NO										
SICI	25. WAS CASE REPERRED TO MEDICAL EXAMINER? 1 YES 2 X40 HOSPITAL: 1 Inpution 2 ER/Outputient 2		26. PLA THER: I Nursing Home	S C Buside		TO COLUMN TO THE PARTY OF THE P		1150	, ,		
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Yew) 2 Mccident investigation	28h. TIME OF INJURY	M I TY	RY AT	284	L DESCRIBE HOW I	NJURY OCC	CUREO			
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At he huilding, etc. (Specify)	oose, farm, street	t, factory, office		201	38f. LOCATION (Sineer and Number or Rural Route Number: City or Sown, State)					
COMPLETED	29s. CERTIFIER (Check only 2 MEDICAL EXAMINER: On the basis of examination and/or i	anth occurred at	my opinion, de	nth occured a	it the time,	data and place, and	d due to the	e cause(a)			
TO BE	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE DECORTE STE	138	11	294, LICENSE	06	419	≥ 8	SIGNED	(Morith, Day, Year) 7-9/		
	PATRICK JARBOE, M.D. LEONARDTON	M				l					
,	ANG 29 '91 June Day door	Mandelle									

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TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - REGISTRAR		CER	TIFIC	ATE OF	DEATH	REG	NO.				
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEA	ТН		3. TIME OF DEATH		
RUBY VIRGINIA HOFFMAN						AUGUST	28.	YEAR	447.47		
		AGE (in yrs. last birth	nday) #	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	Н		10:100 M		
212 30 3007	1 🗆 M 2 😾 F	73 Y	RS.	NTHS DAYS	HOURS MIN.	DEC. 19		Coun	RGINIA		
9a. FACILITY NAME (If not institution, give stre			91	. CITY, TOWN	OR LOCATION OF DE	ATH	9c. C0	OUNTY OF I	DEATH		
St. Mary's Hospi	tal			Leon	ardtown		St	Ma:	ry's		
10s. STATE 10b. COUNTY		100	c. CITY, T	OWH OR LOCA	TION				10d. INSIDE CITY		
MARYLAND ST.	MARYLAND ST. MARY'S MEC				HANICSVILLE			LIMITS? 1 TYES 2 X NO			
BOX 234 NEW MARKE	T TURNER	ROAD		10	20659			U.S.	WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Merried 3 M Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES					13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea if yes, specify Cuban, Mexicen, Puerto Rican, etc.) 1 YES 2 NO Specify:				or No— 14. RACE — American Indian, Black, White, etc. Specify: WHITE		
15. DECEDENT'S EDUCA' (Specify only highest grade co	TION Impleted)			UAL OCCUPATIO		18b. KIND O	F BUSINESS/I	NDUSTRY			
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do A	iffe. Do NOT use retired.)		one during most of working od.)						
8TH GRADE		HOUS	EWI.	FE		H	OME				
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, M.	alden Sumame)			
JOSEPH J.	RANS				ANNIE	L.		COODE			
19a. INFORMANT'S NAME (Type/Print)	-				nd Number or Rural F			Zip Code)			
DELORES A. LAYFIEL	D	4003	ELI	M STREE	ET, WALDO	RF, MAR	YLAND	206	501		
20s. METHOD OF DISPOSITION 1 Description 3 Pamove	al from State	20b. PLACE AND D cemetery, cremetor			ime of	DATE 20	c. LOCATION -	- City or To	own, State		
4 Donetion 5 Other (Specify)	- 1	OLD FIF	LDS	EPIS.			HUGHES	VILLE	. MARYLAND		
21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE (Street)	Pencel		MATT	INGLEY-GA BOX 270,	ARDINER I	FUNERA	T HOM	Œ, P.A.		
IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Our TO JOH	AS A CONSEQUENCY AS A CONSEQUENCY AS A CONSEQUENCY	ry Con:	shot Fac 5-ep	lux sis	Acuth with .	too C Septi	Aro L SI	intarval Between Onset and Death		
PART II. Other algnificant conditions	contributing to da	ath but not result	ing in ti	ha underlying	g cause given in	PE	S AN AUTOPS RFORMED? ES 2 NO	Y 24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL				26 Pt	ACE OF DEATH (Che	ck only one)					
EXAMINER?	IOSPITAL:	Mostpatient 3 - 5		THER:							
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJ (Month, Day,	URY 26h	TIME OF	28c. INJ WO	URY AT RK?	8 Other (Specify, 28d, DESCRIBE H		CCURED			
3 Suicide 6 Could not be determined	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
29e. CERTIFIER (Check only one) 1 X CERTIFYING PHYSICIA 2 MEDICAL EXAMINER:) and menner ee stated.		
296. SIGNATURE AND THTLE OF CERTIFIER	ell	/			POC. EICENSE NUM	B6A 59	29d. DA	TE SIGNED	(Month, Dely, Year)		
30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE O	F DEATH (ITEM 27)	(Type, Prin	()				1	1.1		
DAVID M. FEDERLE,		EONARDTO			nd						
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE MOTO	1010								



YEAR

8. BIRTHPLACE (SI

3. TIME OF DEATH

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21203-3146

.. Pages 1, 2, 3

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a standard filed in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. MPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

PRESIDENTIAL WOODS NURSING HOME					ADELPHI PRI				NCE GEORGE'S		
10a. STATE					ITY, TOWN OR LOCATION				d. INSIDE CITY		
MD.		E GEORGE'S	CHEV	ERLY					LIMITS?		
100. STREET AND NUMBER	R				101. ZIP CODE		10g. CIT	IZEN OF WHA	T COUNTRY?		
5602 GREEN	5602 GREEN LEAF ROAD				20785			U.S.A.			
11. MARITAL STATUS	FORGERS A THE SERVICE				DECENDENT OF HISPAI		e or No- 14. RACE American Indian, Black, White, etc.				
1 XNever Married 2 Married 3 Wildowed 4 Divorced PORCES? 1 YES 2 IF YES, GIVE WAR OR DATES							Specify: WHITE				
(Specify or	CEOENT'S EDUC	completed)	16a. DECEDENT'S USL (Give kind of work life. Do NOT use re	done durin	PATION g most of working	16b. KIND OF B	JSINESS/INI	DUSTRY			
7TH. GRADE	Elementary/Secondary (0-12) College (1-4 or 5+)				VAITRESS RES'				TARAUNT		
17. FATHER'S NAME (First,			WALITUDE	,	18 MOTHER'S NA	ME (First, Middle, Maide					
WILLIAM T		ΔΝ			100,100,100,000,000	E (JANE)		CK			
19a. INFORMANT'S NAME			19b, MAILING AD	DRESS (St	reet and Number or Rural						
JANE, K. I	ONG				LEAF RD.,						
20a. METHOD OF DISPOSI	TION	200	. PLACE OF DISPOSITIO					City or Town,	Steta		
15 Burlal 2 Cremat	15€ Burial 2 ☐ Cremation 3 ☐ Ramoval from Stata other place)					EPISCOPAL OAKLI					
21. SIGNATURE OF FUNER	AL SERVICE LIC			22. NAM	E AND ADDRESS OF FA	CILITY					
> Mu	10000	* Dans	liner		TTINGLEY-C				•		
22 DAST I Enter the	diagona or o	omplications that cause			O. BOX 270						
shock, Dr	heart failure. I	List only one cause on a	ech line.	antar the	mode of dying, suc	n as cerdiac or res	piratory ar	rest,	Approximate Interval Between		
IMMEDIATE CAUSE (F	Inel	0 1.	A	9	0				Onset and Death		
resulting in death)	→ ,	DUE TO (OR AS	AT DILLA	רטו	Medme	~252			9/9/91		
		DUE TO (OR AS	A CONSEQUENCE OF):						1480		
Sequentially list cond		DUE TO OR AS	A CONSEQUENCE OF):						0.00		
if any, leading to imm cause. Enter UNDERL			1	ho	4				1991		
CAUSE (Disease or In that initiated events	CAUSE (Disease or Injury C								•		
resulting in desth) LAST d. Anerona 1980								1980			
PART II. Other signific	ent condition	s contributing to deeth i	out not resulting in t	he under	lving ceuse given in	Part I. 24a. WAS A	N AUTOPSY	24b. W	ERE AUTOPSY FINDINGS		
Louis	Dum					PERF	PMEO?	AN	MILABLE PRIOR TO OMPLETION OF CAUSE		
						1 TYES	2 NO	Of	F DEATH?		
-								1	YES 2 NO		
25. WAS CASE REFERRED	TO MEDICAL				DE NOT OF DEATH OF						
EXAMINER?	. J MEDICAL	HOSPITAL:	Q Q	THER:	8. PLACE OF DEATH (C)						
27. MANNER OF GEATH		1 Inpatient 2 ER/Out	patient 3 U DOA 4		Home 5 🗆 Rasidenca	6 Other (Specify) 28d. DESCRIBE HOW	IN ILIAN CO	CUBER			
1	Pending Investigation	(Month, Day, Year)	INJUR		WORK?	284. DESCRIBE HOW	INJUNT OC	CONED			
2 Accident 3 Suicide	. ()	Y — Al home, term, stree			28f LOCATION (Street	If, LOCATION (Street and Number or Rural Route Number,					
4 Homicide	N/A	, , , , , , , , , , , , , , , , , , , ,		City or Town, State)		or ribrar ribbs	tuginom,				
29a. CERTIFIER 1 CO	RTIEVINO PHYSI	CIAN: To the best of my know	viadas daeth assumed a	t the time	data and alone and dis						
onel		R: On the basis of exemination							nd manner as stated.		
29b. SIGNATURE AND TITE	LE OF CERTIFIER	1			29c. LICENSE NU	MBER	29d. DAT	E SIGNEO /M	lonth, Day, Year)		
ABO P	truh 3	ELMO			177	29	I	ala	101		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 6 B Porticul Telemon 9221 Colesville Rd SS, Md 20910 31. DATE FILED (Month, Day, Mar) 32. REGISTRAR'S SIGNATURE.											
31. DATE FILED (Month, De	The state of the s										
SEP 1	1 '91	gulia David	son-Manages								

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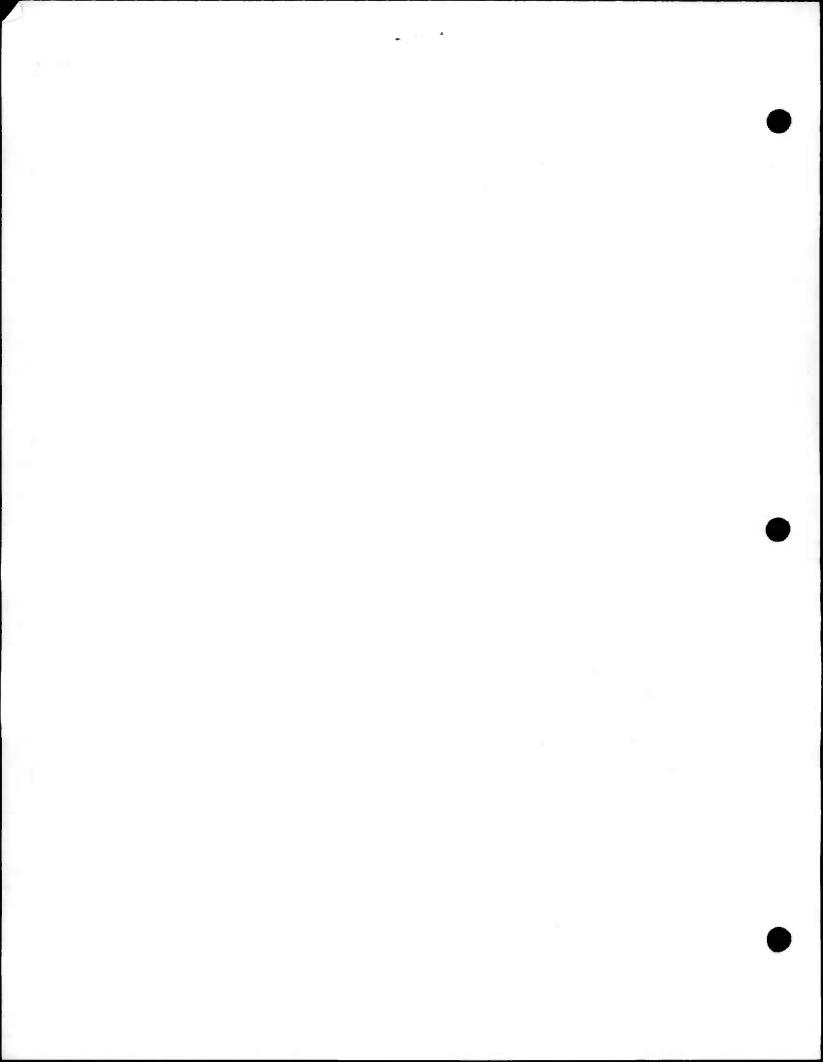
E.W.

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

RAN

2

91 25686 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF GEATH 3. TIME OF DEATH YEAR ROBERT 91 HOCKENBERRY IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year, 4. SOCIAL SECURITY NUMBER 5. SEX 8. BIRTHPLACE (State or Foreign Country) 18 DAYS 302 09-19-25 Lima, Ohio 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Anne Arundel Medical Center Annapolis Anne Arundel RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Anne Arundel AnnAPOLIS X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 21403 1116 Boucher Avenue USA page 5 should be detached for use as the burial-transit 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 □ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-14. RACE - American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rid 1 YES 2 NO Specify: 1 Never Married 2 1 Married Specify: White BY 3 Widowed 4 Divorced WWII 16a. DECEDENT'S USUAL OCCUPATION
(12k= kind of work done during most of working ETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete Flementary/Secondary (0-12) College (1-4 or 5+) Technician C & P Telephone COMPL notified at once. 16. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) Albert Beuhl Hockenberry Ruby Shoemaker 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1116 Boucher Ave. Annapolis, MD 21403 Ellen Ford Hockenberry pe 20c. LOCATION — City or Town, Stata Crownsville, MD 20s. METHOD OF DISPOSITION
()C Burlel 2 Cremetion 3 Removal from State
4 Donatton 5 Other (Specify) 20b. PLACE OF OISPOSITION (Name of cemetery, crematory or must Verterans Cemetery examiner 21. SIGNATURE OF FUNERAL GERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY Hardesty Funeral Home, P.A. al 12 Ridgely Avenue, Annapolis MD medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between IMMEDIATE CAUSE (Final the disease or condition Rectal Adenocarcinoma Metastatic 4 years resulting in death) other traumatic event, DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 signed by the atter Health and Mental injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO Bronchepalveden requires that any PLETION OF CAUSE 1 TES 2 NO OF DEATH? shows a Emphy Sema 1 YES 2 NO certificate has been the State Dept. PHYSICIAN: ME 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) The Hem HOSPITAL:
1 Vinpetiant 2 ER/Outpatient 3 DOA **EXAMINER?** L OR ATTENDING PHYSICIAN: TI L DIRECTOR: After this certificate P hours after death with the State OTHER: 1 TES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 0 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCUREO with t marked. 1 Natural 5 Pending 1 YES 2 NO B 2 Accident 28e. PLACE OF INJURY — At homa, farm, street, factory, offica building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be 60 COMPLETED 4 Homicide determined 28 Tem I 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. HOSPITAL FUNERAL I = 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinton, death occurred at the time, data and place, and due to the cause(a) and manner as ateted. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: I 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 91 200 9/31 W D16354



	2	
TO BE COMPLETED B	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	
examiner must be notified at once.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	- 1
he funeral director, page 5 should be detached for use as the ral.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	. 1
ir death. Page 6 may be retained by the hospital or attending	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or attending	

	1 - FOR STATE REGISTRAR	STATE OF MA	RYLAND	/ DEPAR	RTMENT	T OF HE	ALTH AN	D MENT	AL HYGIEN		91	25687	
	1. DECEDENT'S NAME (First, Middle, Last) James George	e Handy						MO	TE OF DEATH	AY	YEAR 91	3. TIME OF DEATH 10:27 P	
	4. SOCIAL SECURITY NUMBER 201-20-3167 90. FACILITY NAME (If not institution, give	5. SEX 16.	AGE (In yrs. Id	est birthday) YRS.	IF UNDER	DAYS	F UNDER 24 HF	7. DA (Mc	7. DATE OF BIRTH (Month, Day, Year) S. BIRTHPLACE (State or Foreign Country) MD .				
CTOR		spital		Easton					9c. COUNTY OF DEATH Talbot				
DIRECTOR	MD .	10c. CIT	Y, TOWN (Eas	ton, l	MD.				10d. INSIDE CITY LIMITS? 1 XYES 2 NO			
FUNERAL	109. STREET AND NUMBER 109. Glenwood A			10f. ZIP CODE							US	HAT COUNTRY?	
B	1 Never Married 2 Merried 3 Wildowed 4 Divorced	er Married 2 Merried FORCES? 1 XYES 2				If yes, speci	DENT OF HIS y Cuben, Me	xican, Puerl	GIN? (Specify Ye to Ricen, atc.)	s or No-	Black,	- American Indian, White, etc. Black	
COMPLETED	15. DECEDENT'S EDI (Specify only highest gradi Elementery/Secondery (0-12) Secondary 17. FATHER'S NAME (First, Middle, Last)	JCATION e completed) College (1-4 or 5+)	1 (e. Do NOT us	work done i	during most			66. KIND OF BU	y Pres			
O BE C	James Handy 190. INFORMANT'S NAME (Type/Print)		11	9b. MAILING	ADDRESS		Ge	neva	t, Middle, Meiden Handy Imber, City or Tow	Jones	ortel		
2	Madeline Handy 20a. METHOD OF DISPOSITION 1 Spuriol 2 Cremation 3 Ren		20b. PLACE	109 G	lenw	TOOd A	ve.,	East	on, Md.	21601 cation — ch		rn. State	
	21. SIGNATURE OF FUNERAL SERVICE LI		Veter	ematory or of	Ceme 1	hame and	Md. ADDRESS OF DX 928	09/0 FACILITY	3/91 Be Bennie rlock,	ulah. Smith	Ser	vices	
NO	23. PART i. Enter the diseasea, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. Supleton one cause DUE TO (OR DUE TO (OR DUE TO (OR	on each lin	е.								Approximate interval Between Onset and Death	
CENTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	CDUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL	PART II. Other algnificant condition	a contributing to dat	ath but not	resulting l	n tha un	derlying c	tuse given	in Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	. 4	WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	/Outpatient 3	DOA	OTHER	1:	OF DEATH						
	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	289. DATE OF INJI (Month, Day, Y	(bar)	28b. TIME INJU	OF JRY M	28c. INJURY WORKS	AT	_	ESCRIBE HOW II	NJURY OCCUP	RED		
	3 Suicide 6 Could not be determined	26e. PLACE OF IN building, etc.	JURY — At ho (Specify)	ome, term, s	freet, facto	ory, office		281. LO	CATION (Street of y or Town, Stete)	and Number or	Rural Rou	ute Number,	
	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of my	knowledge, de	ath occurre	d at the tir i, in my op	me, date end pinion, deati	place, end o	due to the c	suse(s) end men te and place, en	ner es stated.	euse(s) e	and menner as stated.	
	29h. SIGNATURE AND TITLE OF CERTIFIES					29	25	NUMBER 7 50		29d. DATE S	IGNED (A	Aonth, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WH	Inche-	-	501	Print) Ic	Alen	rild	A/Z	- E	asto,	N	MD	
	31. DATE FILED MOOTH, Day, 1907) 1991 32. REGISTRAR'S SIGNATURE Signature Anglese												

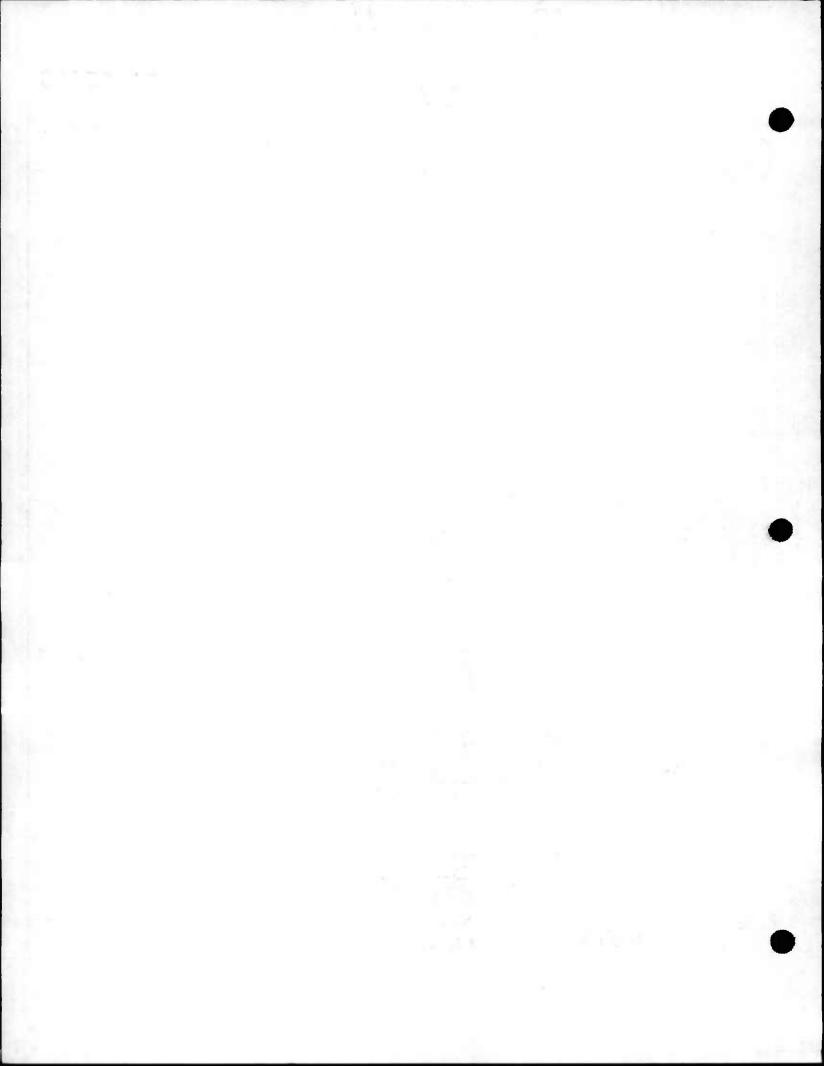
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should by		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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ted	00	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	43
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REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) Kap Soon Im CERTIFICATE OF DEATH MONTH DAY YEAR 2. DATE OF DEATH MONTH DAY 7 YEAR										
Kap Soon Im	3. TIME OF OEATH									
	4:00 AM									
(Month Day Year) Count	HPLACE (State or Foreign try)									
218-90-9832 1 M 2 KK 78 YRS. Sept 14 1914 Kor	rea									
9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH										
17060 King James Way Apt. #615 Gaithersburg Montgon	nery									
10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	10d. INSIDE CITY									
17060 King James Way Apt.#615 Gaithersburg Montgo RESIDENCE OF DECEDENT 10e. STATE 10e. COUNTY 10e. CITY, TOWN OR LOCATION Maryland Montgomery Gaithersburg										
	WHAT COUNTRY?									
106. STREET AND NUMBER 17060 King James Way Apt.#615 17060 King James Way Apt.#615 17060 King James Way Apt.#615 180. STREET AND NUMBER 190. CITIZEN OF Korea 190. CITIZEN OF 190. STREET AND NUMBER 190. CITIZEN OF 190. STREET AND NUMBER 190. CITIZEN OF 190. STREET AND NUMBER 190. CITIZEN OF 190. STREET AND NUMBER 190. CITIZEN OF 190. STREET AND NUMBER 190. CITIZEN OF Korea 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 KMO										
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RAC 1 Never Married 2 Merried FORCES? 1 YES 2 XXO 14. RAC 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RAC 16. Bisc.	E - American Indian, ck, While, atc.									
1 Never Married 2 Married FVRCES 7 YES 2 NATO If YES, GIVE WAR OR DATES 1 YES 2 NATO Specify: Specify:	offy:									
15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (She kind of work doze during most of undring) (She kind of work doze during most of undring)	Korean									
(Specify only highest grade completed) (Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.)										
Elamentary/Secondary (0-12) College (1-4 or 6+) Home Maker Own Home										
Elamentary/Secondary (0-12) College (1-4 or 6+) Home Maker 17. FATHER'S NAME (First, Middle, Last) College (1-4 or 6+) Home Maker 18. MOTHER'S NAME (First, Middle, Maiden Surname)										
UNKNOWN In UNKNOWN In 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
Kyung S. Yhim 10253 Tuscany Rd. Ellicott City, MD 210)43									
20e, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory, crematory, crematory, crematory, crematory) 20c. LOCATION — City or Total control of cemetary, crematory										
Norbeck Memorial Park 8-31-91 Olney, Mary	land									
21. SIGNATURE OF FUNERAL SERVICE CENSES 22. NAME AND ADDRESS OF FACILITY De Vol Funeral	Home									
M00896 10 E. Deer Park Dr. Gaithersbur										
IMMEDIATE CAUSE (Fine) disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
reaulting in deeth) LAST										
reaulting in deeth) LAST										
	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO									
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 □ YES 2XXNO										
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 □ YES 2XXNO	AVAILABLE PRIOR TO COMPLETION OF CAUSE									
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 □ YES 2XXNO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?									
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PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 □ YES 2XXNO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?									
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Inpetions 6 NOTHER: 1 Inpetions 1 Inpetions 6 Nothing Home 6 Nothing Home 6 Nothing Home 6 Nothing Home 6 Nothing Home 6 Nothing Home 1 Nothing H	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?									
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 X NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 1 Inpellant 2 ER/Outpetlant 3 DOA 4 Nursing Home 6 X Residence 6 Other (Specify) 27. MANNER OF DEATH 1 Inpellant 2 ER/Outpetlant 3 DOA 28. DATE OF INJURY (Month, Day, Year) 28. DATE OF INJURY AT DESCRIBE HOW INJURY OCCURED INJURY AT UNDERCORD INJURY AT UNDE	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO									
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 XNO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 OTHER: 2 OTHER: 2 OT	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO									
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO									
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28. PLACE OF INJURY At Normal Part II. Inpatiant II. Inpatiant III. Inpat	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,									
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 NO THER: 1 Inpettant 2 ER/Outpettant 3 DOA 4 Nursing Home 6 Nasidence 6 Other (Specify) 27. MANNER OF DEATH 28. PLACE OF DEATH (Check only one) 28. DATE OF INJURY 1 NO THER: 28. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28. PLACE OF DEATH (Check only one) 28. DATE OF INJURY 1 NO THER: 28. DATE OF INJURY 28. DATE OF INJURY AT NORTH (Month, Day, Vac) 28. DATE OF INJURY 1 YES 2 NO 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF DEATH (Month, Day, Vac) 28. DATE OF INJURY AT NORTH (Month, Day, Vac) 28. DATE OF INJURY 1 YES 2 NO 28. DATE OF INJURY AT NORTH (Month, Day, Vac) 28. DATE OF INJURY AT NORTH (Month, Day, Vac) 28. DATE OF INJURY AT NORTH (Month, Day, Vac) 28. DATE OF INJURY AT NORTH (Month, Day, Vac) 28. DATE OF INJURY AT NORTH (Month, Day, Vac) 28. DATE OF INJURY AT NORTH (Month, Day, Vac) 28. DATE OF INJURY AT NORTH (Month, Day, Vac) 28. DATE OF INJURY AT NORTH (Month, Day, Vac) 28. DATE OF INJURY AT NORTH (Month, Day, Vac) 28. DATE OF DEATH (ITEM 27) (Type, Print)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, (a) and menner as stated. ED (Month, Day, Year) 29, 1991									
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2XMO 25b. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 NO PROBLEM: 1 Inpetiant 2 ER/Outpetient 3 DOA 4 Nursing Home 6 National Resulting Home 6 Na	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, (a) and menner as stated. ED (Month, Day, Year) 29, 1991									
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24. WAS ANAUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 NO THER: 1 Inpetiant 2 ER/Outpatiant 3 DOA 4 Nursing Home 6 Nasidence 6 Other (Specify) 27. MANNER OF DEATH 28. PLACE OF DEATH (Check only one) 28. TIME OF INJURY AT WORK? 1 NOOR 1	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, (a) and menner as stated. ED (Month, Day, Year) 29, 1991									



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	NY YI	3. TIME OF DEATH		
/te		24 Jest	er			09 0	5 9	1 1/33/0 H		
1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (in yrs. last birthday) IF I	THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7, DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)		
1	9a. FACILITY NAME (If not institution, give			CITY TOWN O	R LOCATION OF DE	03-18-11	9c. COUNTY	inginia		
TOP	Manokin Manor NSg. Home Princess Anne, md. Somerse									
DIRECTO	10e. STATE 10b. COUNT	4	10c, CITY, TO	WN OR LOCAT	ION			10d. INSIDE CITY LIMITS?		
	Virginia Acco	macr	Cicare	0			Lan OUTITE	1 ¥ YES 2 □ NO		
FUNERAL	615 North Main S	treet		100	23336		U.	S. A.		
N N	11, MARITAL STATUS	12. WAS DECEDENT EVER IF	U.S. ARMED			IIC ORIGIN? (Specify Yes	or No— 14.	RACE — American Indien,		
ВУ Е	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	ATES	1 Tyes, spe		n, Puerlo Rican, etc.) /:		Black, White, etc.		
ED B	15. DECEDENT'S EDI	ICATION	16a, DECEDENT'S USU	AL OCCUPATIO	NAI .	SINESS/INDUS				
	(Specify only highest grad Elementery/Secondary (0-12)		10 har total and and consider	d						
P.	12	4	Food & Dru	ig Adm	inistrat	ion gov	ernerc			
COMPLET	17, FATHER'S NAME (First, Middle, Last)					ME (First, Midgle, Maiden Vatso				
H ((Ray Jeste	r			00					
6	19a. INFORMANT'S NAME (Type/Print)		615 NOTE	TO COL	nd Number or Rural	Route Number, City or Tow RUNCOTE	n, State, Zip Co	Virginia 23335		
	Jenelle Jester	200	PLACE OF DISPOSITIO					or Town, Stata		
- 1	1 Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	Wistury (remato	retury, cramatory or			Maryland		
	21. SIGNATURE OF FUNERAL SERVICE L					сіріту,	70			
	Constance		nda	Salye	n Funera o tennue.	L'Hone Virginia	23336			
	23. PART I. Enter the diseeses, Dr shock, Dr heert fellure.	complications that caused List only one cause on a	tha death. Do not each line.	enter the mo	de of dying, euc	h ea cardlac Dr reep	iratory arrest	Approximate interval Between		
	IMMEDIATE CAUSE (Final disease or condition		<i>-</i>					Onset and Daeth		
	reaulting in daeth)	a, DHE TO OD AS A	CONSEQUENCE OF):	e hom	5-					
,		DOE TO (ON AS A		toone	mh.					
9	Sequentially list conditions, If any, leading to immediate b. Senk Denen ha DUE TO (OR AS A CONSEQUENCE OF):									
S	ceuse. Enter UNDERLYING CAUSE (Disease or Injury	C		chan	10.4m					
	thet initieted events reaulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	, ,	11.	Falure				
CERTIFICATION		d		ungent-we	1tempt	Thu are				
CAL	PART II. Other aignificant condition	ne contributing to deeth b	ut not resulting in th	e underlying	g ceuse given in	Part I. 24a, WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
음						1 _ YES :		COMPLETION OF CAUSE OF DEATH?		
M						_		1 TES 2 1 HO		
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL									
S S	EXAMINER?	HOSPITAL:	07	HER:	ACE OF DEATH (Ch					
HYS	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME OF	28c. INJ	URY AT	6 Other (Specify) 28d. DE\$CRIBE HOW	NJURY OCCUP	RED		
ВУ Р	1 Natural 5 Pending Investigation	(Month, Day, Year)	INJURY		RK? (ES 2 NO					
	3 Suicide 6 Could not be	28a. PLACE OF INJURY building, atc. (Spec	— At home, farm, atree	t, factory, office	•	28f, LOCATION (Street City or Town, State)	and Number or	Rural Route Number,		
	4 Homicide determined					ony or rown, orace,	'			
3 Suicide 4 Could not be determined building, atc. (Specify) 29a. CERTIFURG PHYSICIAN: To the beat of my knowledge, death occurred at the time, date and piece, and due to the cause(a) end menner as stated. Check only one) 2 MEDICAL EXAMINER: On the beats of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(a) and menner as stated.										
										296. SIGNATURE AND TITLE OF CERTIFIER 296. DATE SIGNED
10 8	E (wel	1 PM			515	180	Þ 9.	-5-91		
	30. NAME AND ADDRESS OF PERSON W	HO CDMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin	()	,					
امد	31. DATE FILED (Month, Day, Year)	1 mo Km 32. REGISTRAR'S SIGN	ATURE	[U.Com	more 1	70	_			
7171	SEP 06 '91	Selia Printe	Drugo Ca							

TO BE COMPLETED BY FUNERAL DIRECTOR

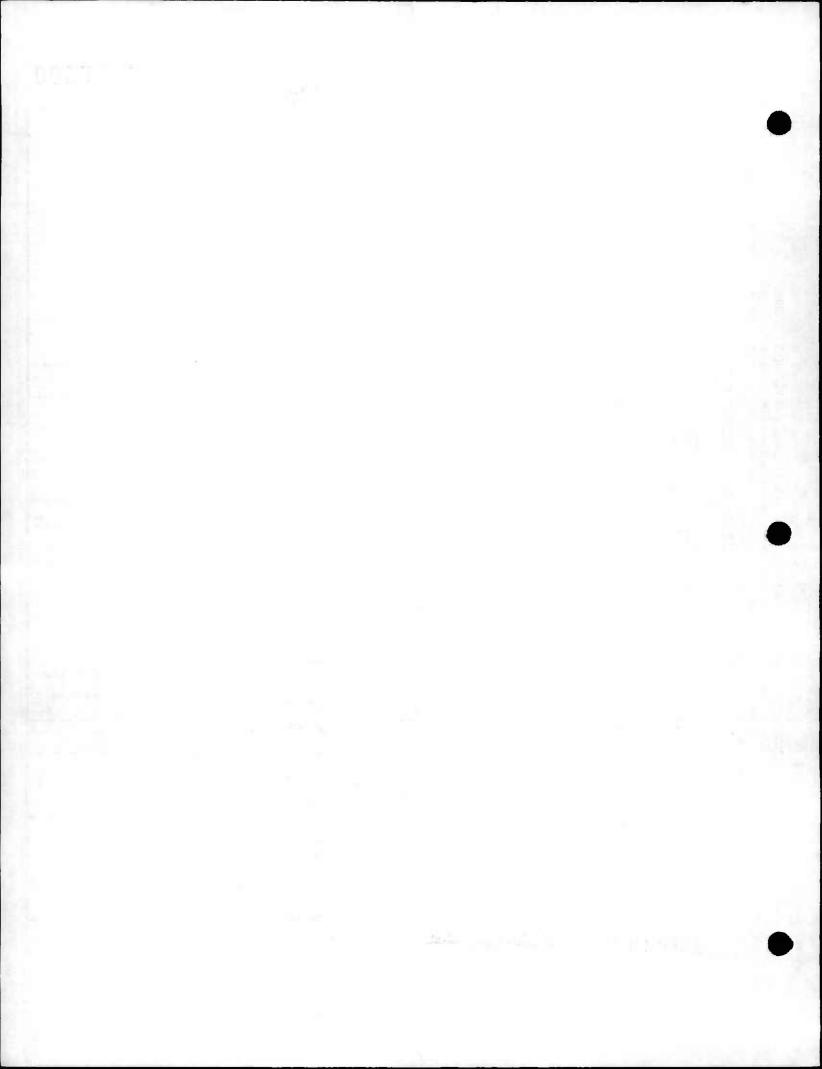
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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٦.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2,		
PHYSICIAN: The iaw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	burlal-tra		
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Y: The	cate ha	State De	Hem 2
PSICIAL	is certifi	ith the	ed, or
-	After th	death w	s mark
TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: A	irs after	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TAL OF	RAL DIF	72 hou	: If He
IE HOSF	IE FUNE	od within	RTANT
10	10 14	be file	IMPC

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)
SFP 1 0 1991

FOR 1 - STATE REGISTRAR		STATE OF MA					EALTH AND	MENTAL	HYGIEN REG. NO	_	9	25690
1. OECEDENT'S NAME (First	, Middle, Last)	MARION	_ E.	J	OYNER			2. DATE (OF DEATH	AY	YEAR,	3. TIME OF OEATH
Mar	1000	ب		aer			600		7 -	7 -	7/	1/20 P, M
4. SOCIAL SECURITY NUME		,	AGE (In yrs. ia		MONTHS 0	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.		Day, Year)		Count	HPLACE (State or Foreign try)
577-20-8987		1 D M 2 F	69	YRS.	JAN. 19, 1922 ILLI						INOIS	
9a. FACILITY NAME (If not in					9b. CITY, T	O MWO	R LOCATION OF D	EATH		9c. COL	JNTY OF E	HTA
WASHINGT		VENTIST HO	SPITAL		TAK	OMA	PARK			MO	NTGO	MERY
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY												
MARYLAND	MON	NTGOMERY			SILVE	ER	SPRING					LIMITS? 1 YES 2 NO
10s. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?												
204 CRES	TMOOR	CIRCLE					20901			U:	SA	
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE — American Indian, Black, Whita, etc.) 14. RACE — American Indian, Black, Whita, etc.												
1 Never Married 2 2 3 Widowed 4 Divo		IF YES, GIVE WAF					2 NO Specif		, , , ,			othy: WHITE
15. DEC	EDENT'S EDU	CATION	16a. D	ECEDENT'S	USUAL OCC	UPATIO	N	16b.	KIND OF BU	SINESS/IN	IDUSTRY	
Elementary/Secondary (I	y highest grade 3-12)	College (1-4 or 5+)	- Ai	Give kind of w e. Do NOT us	e retired.)	nng mos	it or working					
12			PB	X OPE	RATOR	2		N	.I.H.			
17. FATHER'S NAME (First, M	fiddle, Last)						18. MOTHER'S NA	AME (First, A	fiddle, Maiden	Sumame)		
JOHN		BIAFORE					MAR	GARET	•]	FERR	0
19a. INFORMANT'S NAME	Type/Print)		1	9b. MAILING	ADDRESS (Street a	nd Number or Rural	Route Numb	er, City or Tow	vn, State, Z	(ip Code)	
JOSEPH C. J	OYNER	(HUSBAN	D)	204 C	RESTM	100F	CIRCLE	, SIL	VER S	PRIN	G, M	ARYLAND 2090
1 Donation 5 Other	JOSEPH C. JOYNER (HUSBAND) 204 CRESTMOOR CIRCLE, SILVER SPRING, MARYLAND 2090 206. METHOD OF DISPOSITION 1 Method of Disposition Method of Dispos											
21. SIGNATURE OF PURERA	DE	Stal			500 υ	NIV		BLVD.	, W.,	SIL	. SP	INC. ., MD 20901
23. PART I. Enter the dahock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death)	eart fellure.	complications that clust only one cause	on each lin				de of dying, suc	ch aa cerd	liec or reap	iretory a	rreat,	Approximate Interval Between Onset and Deeth
		DUE TO (O	R AS A CONS		-		2.	~\\	C S	5-4		
Sequentially list condit	tiona,	b	R AS A CONS	GR		etc.	20	11 14	FF	127		
If any, leading to imme cause. Enter UNDERLY	diate	DUE 10 (0	H AS A CONS	D C	Ro	01	5000	Λ				
CAUSE (Disease or inju		C. DUE TO (O	R AS A CONS	EUTENCE OF	1	Y I	- 11/9	//				
that initiated events resulting in death) LAS	т	202 10 (0	11 A3 A 00113	EUOLINGE O	1.							i
		d										
PART II. Other algolfica	ent condition	na contributing to d	eath but not	resulting	In the und	erlying	g cause given in	Part I.	24a. WAS AF PERFO 1 — YES	RMED?	Y 24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
				-				_				1 YES 2 NO
25. WAS CASE REFERRED T	TO MEDICAL					26. PI	ACE OF DEATH (C	heck only on	(a)			
EXAMINER? 1 YES 2 HONO		HOSPITAL:	ED/O-AAlA		OTHER:		41178					
27. MANNER OF DEATH		1 Sinpetient 2 1		,			e 5 Residence	_		IN HIRV O	CCUBED	
\	(Month, Day, Year) INJURY WORK?											
2 Accident Investigation												
3 Suicide 6 Homicide	Could not be determined	building, et	c. (Specify)	iome, iarm, i	street, factor	ry, ome			or Town, State		er or Hurar	House Number,
one)		BICIAN: To the best of m										o(a) and manner as stated,
29b. SIGNATURE AND TITLE							29c. LICENSE NU		1			ED (Month, Day, Year)
30. NAME AND ADDRESS C	DE DEDOON W	Mar Combi Ette Compa	OF DEATH	TH or C	Delet		010	フィブ			24/8	5191
KSVOW	AKAI	2 2610	ARR	0 (C	A1	1E	3236	0 0	006		0 -	1000



	1 - STATE STATE CERTIFICATE OF DEATH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.													
	1. DECEDENT'S NAME (Figst, Middle, Last)	•	F	one	25				2. DATE OF DEA		_6	7 1 3. TIME	OF DEATH	
	Date And Service Area	5. SEX 6. AGE ((In yrs. les	of birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRT		A	8. BIRTHPLACE (S Country)	FON, D.C.	
DR	90. FACILITY NAME (If not institution, give stre	ot old number)	2		96. CITY, TOWN OR LOCATION OF DEATH 9C. COUNTY OF BEATH							neru		
DIRECTION	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY	- 1		10c. CITY, TOWN OR LOCATION									7	
PIO		TGOMERY		100. 0	7, 101111			NGTON	J			LIN	HOE CITY	
AL	10e, STREET AND NUMBER	10011111					. ZIP CODI		-		10g. CITIZ	TEN OF WHAT CO	UNTRY?	
FUNERAL	5007 DRUID DRIVE						2	20895	;		US			
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	U.S. ARI 2 TN ATES	MED		it yee, spe	ecify Cube	of HISPANI on, Mexicen. Specify:	IC ORIGIN? (Speci n, Puerto Rican, etc.	ify Yee o	r No-	14. RACE — Amer Black, White, of Specify: WHITE	icen Indian, etc.		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	TION ompleted)	(Gi	CEDENT'S	work done	during mos	N of worlds		16b. KIND O	F BUSII	NESS/INDL			
J.E	Elementary/Secondary (0-12)	College (1-4 or 5+)	We.	Do NOT us	se retired.)				AMERI	CAN	SPE	ECH AND	HEARING	
NA I	12 17. FATHER'S NAME (First, Middle, Last)		ADM)	INIST	rat i	IVE W			ASSO					
	NICHOLAS R. FINEI	T.T.							AE (First, Middle, Mid		vrname)			
) BE	19e. INFORMANT'S NAME (Type/Print)	1111	198	b. MAILING	ADDRES!	S (Street a)			Oute Number, City of	-	Crata 7/a	O-del		
٩	HENRY A. JONES	(HUSBAND)		007 E					INGTON,				5	
ľ	20e. METHOD OF DISPOSITION 1 X Burlei 2 Cremetion 3 Remove		PLACEA	AND DATE O	OF DISPOS	SITION (Nar						ilty or Town, State		
	4 Donetion 5 Other (Specify)	G	ATE	OF H	IEAVE	EN CF	EMETE	ERY	9/10 S	ILV	ER SI	SPRING, MARYLAND		
1	21. SIGNATURE OF FUNERAL SERVICE LICES	Tul			FR	RANCI	IS J.			NER	AL H	OME, INC		
	23. PART I. Enter the diseases, or cor shock, or heart failure. Lie	mplications that caused	the de	ath. Do n	not antar	tha mod	da of dyl	ng, such	as cardiac or i	reapira	itory arre	at, Ap	proximata	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Pulm	uln	QUENCE OF	'y	120	way	mol	inha	D	0		arval Batween last and Daath	
Z	6 b.	Brian	ih	OR	lle	in	at	1	Tim	lu	to	2		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQ	IUENCE OF	7:	1	A.O.	~	Gin	M	On	10		
E I	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQ	WU OIL	UN	LCI		1	11	17	100.	CK.		
E	resulting in death) LAST	INVE	Kil	we	a	20	er	De	lles					
	PART II. Other significant conditions	contribution to death be	ut not n	neviting i	o the	V								
CAL	carale	allow	A not re	esulting i	n the un	derlying	cause g	iven in P	Part I. 24s. WV	S AN AU		AVAILABL	TOPSY FINDINGS E PRIOR TO	
9	Brones	halita	1:1	Lu	is	- 1			— 1 □ YE	ES 24	NO	OF DEATH		
2	Sejetter	ne f	10	20	i	Of .	1		-	,		1 - ARI	2 🗌 NO	
PHYSICIAN: MEI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	- 4				26. PL/	ACE OF DE	EATH (Check	R only one)					
XSK	1 - YES 2 - NO 1	OSPITAL: □ Repatient 2 □ ER/Output	attent 3	DOA	OTHER 4 Num		5 □ Rer	sidence II	Other (Specify)	4				
표	27. MANNER OF DEATH 1 Natural S Pending	JES. DATE OF INJURY (Month, Day, Year)		26b. TIME INJ	E OF URY	28c. INJU WOR		1	28d. DESCRIBE H	OW INJ	URY OCCU	MED		
à l	2 Accident Investigation	75. W 407 DE W 107			-		ES 2							
ETEO	3 Suicide 6 Could not be determined										ME			
COMPLET	29n. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER:	IN: To the best of my knowle On the bests of stamination	edge, dea	ith occurre	d at the ti	me, date e pinion, de	and place,	end due to	the cause(e) end me, date end place	d menne e, end c	ir ee stated	1. cause(s) end men	ner as stated.	
0 BE	296. SIGNATURE AND TITLE OF CENTIFIER	There	in	1 -	1			0562		2	Pd. DATE	SIGNED (Month, D	ny, Your)	
	BAR PERSON WING S	T'LEVI		127) (Type,	Print)	48	01	MA	ASS AVI	e n	1.w.	WASA	4, DC	
	BATE PLED (Month, Day, Your) SEP 10 1991 Sundson Pandale													

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1.2 to be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

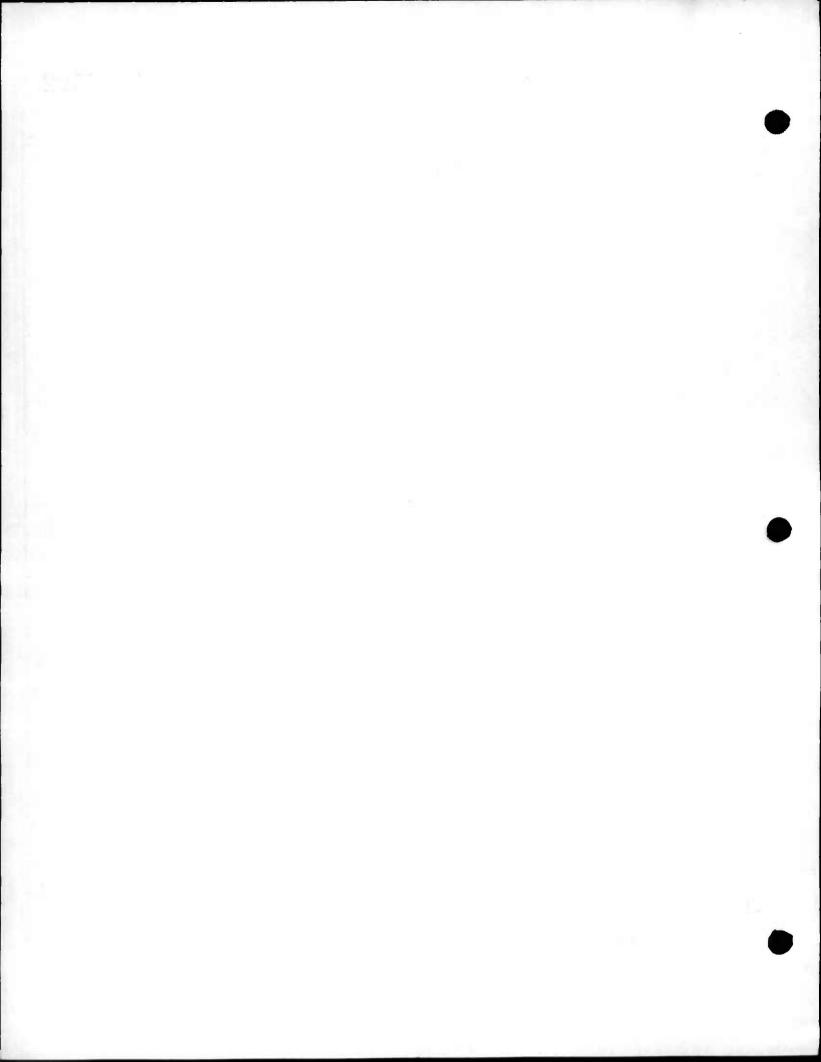
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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ů	Pe	age	90
2	e 6 may	ector, p	must
DALLINOUE, MA	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retain	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the artending physician and completely filled in by the funeral director, page 5 sho be filled within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifi
ò	vurs after o	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial; cremation, or removal.	edicai e
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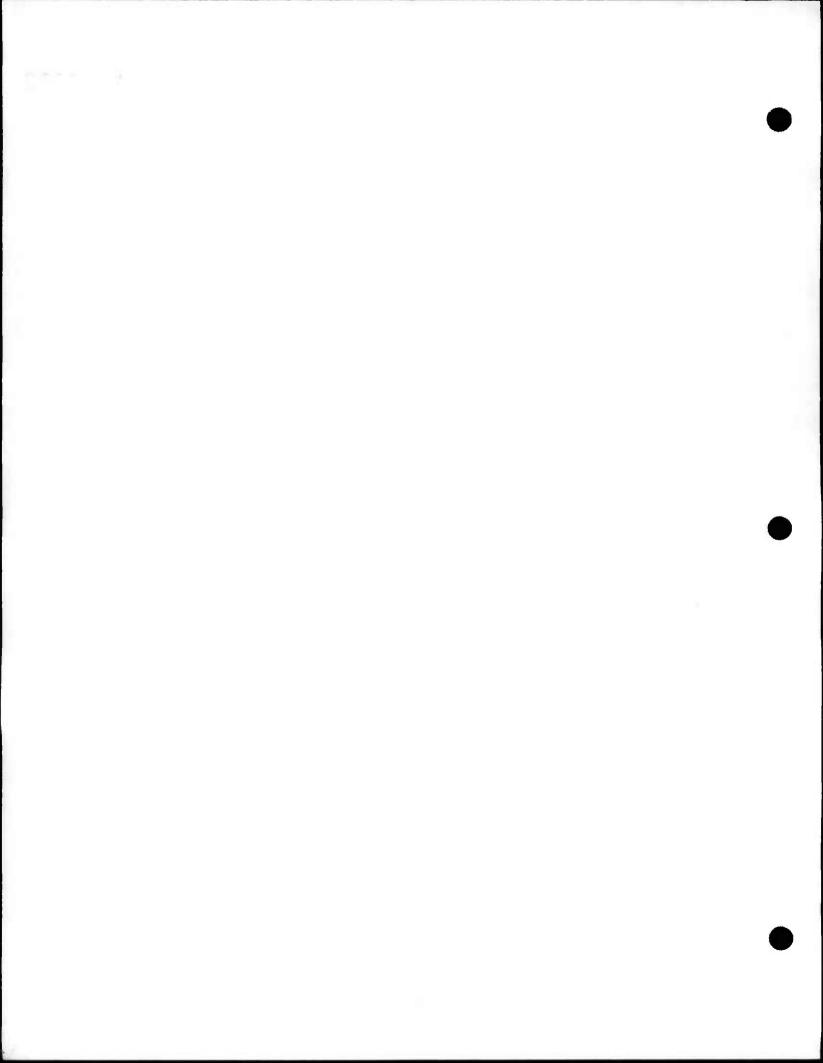
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAI CERTIF	RTMENT	T OF HE	EATH	ND N		YGIENE)	ì	23032	
	Total Votal		DLA M.	JACKS				2. DATE OF MONTH			YEAR	3. TIME OF DEATH	
		SEX 6. AG	E (In yrs. lest birthday) 59 YRS.	IF UNDER		UNDER 24 H	IRS. IIN.	7. DATE OF I	BIRTH 2 8 1 9		a. BIRTH	PLACE (State or Foreign	
OR	90. FACILITY NAME (If not institution, give street UNIVERSITY OF MARY)	9b. CITY	, TOWN OR I			_	-		ITY OF D				
ECI	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	ORACCATION 104 INCIDE CITY											
DIRECTOR	MARYLAND PRINCE			ELLVIL						10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 1732 ALBERT DRIVE		101. ZIP CODE 20721						-	U.S.	WHAT COUNTRY?		
N I	11. MARITAL STATUS 12	IN U.S. ARMED	13.	WAS DECEN									
BY	1 Never Merried 2 Married 3 Widowed 4 Divorced	S 2 NO DATES		If yes, specifi	y Cuban, M	axican	i, Puarto Ricer	pecity taa oi 1, etc.)	NO-	Black Special	— American Indian, White, atc.		
田	15. DECEDENT'S EOUCATI (Specify only highest grade com	ON pleted)	16a. DECEOENT'S	work done	CCUPATION during most of	working		16b. KIN	O OF BUSIN	ESS/INDI	USTRY		
COMPLETED		ollege (1-4 or 5+) 5+	life. Do NOT u	se retired.)	ork done during most of working					UCAT	ION		
BE CO	17. FATHER'S NAME (First, Middle, Last) ARTHUR A. JONES	NE (First, Middle WEAVE		rname)									
10												21	
	20s. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State 2	0b. PLACE AND DATE	OF DISPOS	ITION /Name o	of		DATE 20c. LOCATION CH			ity or Tov	wn, State	
	21. SIGNATURE OF FUNERAL SERVICE LICENS		o Dince				F FAC	-			ood, Maryland		
	Michael	&. M	elen	51	seph 30 Wi	Gawle scons	er sin	S'Sons	Wash	n. D	N.W.	20016	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (ON AS A CONSEQUENCE OF): Approximate Interval Between Onaet and Desth												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. SCLVO QVVCL OUE TO (OR AS A CONSEQUENCE OF): oue TO (OR AS A CONSEQUENCE OF):												
	PART II. Other significant conditions co	intribution to death	hut not manifely	(at		70						1	
PHYSICIAN: MEDICAL	Symmetric Continuous Co	minuting to death	but not resulting	in the un	derlying ca	use giver	n In P		WAS AN AU PERFORME YES 2	0?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO	
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:				OF DEATH	(Chec	k only one)					
IXSI	1 YES 2 THO	Inpatient 2 - ER/Ou		OTHER 4 Nurs		Reside	nce 8	Other (Spe	ecify)				
ву Рн	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)		E OF URY M	28c. INJURY WORK? 1 YES			28d. DEŞCRIB	E HOW INJU	JRY OCCU	JRED		
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp	Y — At home, farm, a scify)	street, fecto	ory, office			281. LOCATION City or Tox	(Street and vn, Stete)	Number o	or Rural Ro	oute Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1. CERTIFYING PHYSICIAN 2 MEDICAL EXAMINER: Or	To the best of my known the basis of examination	wiedge, death occurri on end/or investigatio	nd at the th	me, date end pinion, death	place, and	due to	o the ceuse(e) me, date end	end manner	as stated	d. ceuse(e)	end menner ee stated.	
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 29d. DATE								d. DATE	SIGNED (Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WHO CO	22 50	un a	Print)	. 5.	L 0.	al	las (1	11				
	31. DATE PALEO (Month, Day, Year) SEP 06 91	32. REGISTRAR'S SIG				//							



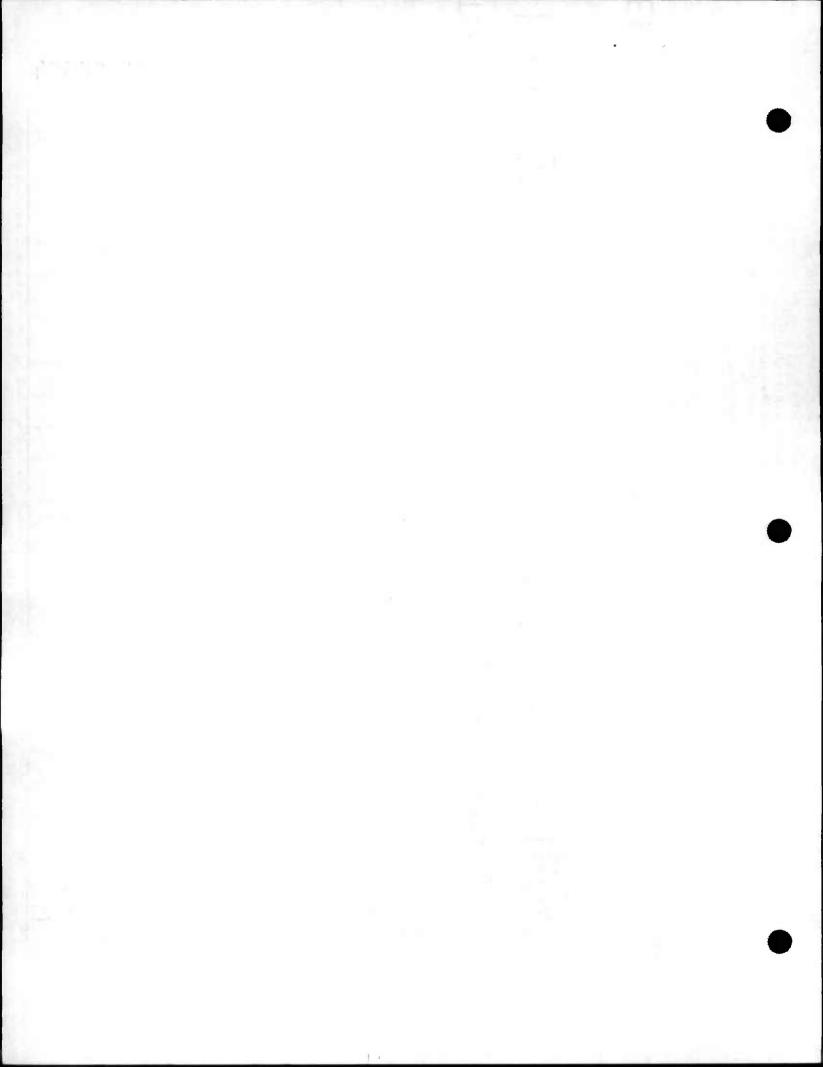
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RECORDS, P.O. BOX 13146	certificate
	death
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4	The
2	PHYSICIAN
DIVISION OF VITAL	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
5	DB
	SPITAL

	1. DECEDENT'S NAME (First, Middle, Last)					<u> </u>	DEAT			REG. N	DAY	YEAR		E OF DE	ATH
No.		T .		hns,	III				Se	ptember		1991	_	:35	Α
1 c	4. SOCIAL SECURITY NUMBER 464-78-2341	5. SEX 6	AGE (In yrs. le		IF UNDER	1 YEAR DAYS	HOURS	A 24 HRS. MIN.	7. 0	Month, Day, Year)	1050	Count			Foreign
1	9a. FACILITY NAME (If not institution, give s		40	Tho.	9b. CITY.	TOWN C	R LOCATI	ON OF D		c. 28,	1950	UNTY OF I	rkey		
стов	7 Park Valley Ro						Spri				1112	ntgor		,	
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Υ		10c, CITY	, TOWN O	R LOCAT	ION							NSIDE CI	TY
DIRE	Maryland Mont	cgomery		Sil	ver	Spri	.ng							IMITS? YES 2	X NO
	10e. STREET AND NUMBER					-	ZIP COD	E			10g. CI	TIZEN OF	WNAT CO	OUNTRY	?
FUNERAL	7 Park Valley Roa								910			ited			
Ē	11. MARITAL STATUS 1 Never Married 2 X Married	12. WAS DECEDENT EX		RMED NO	1	f yes, sp	cify Cubi	nn, Mexica	en, Pu	RIGIN? (Specify) arto Rican, atc.)	ea or No—		E — Am	erican ir	dian,
B	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1	_ YES	2 (X NO	Specif	ly:			Spe	o#y: Whit	:e	
ETED	15. DECEDENT'S EDU (Specify only highest grade		(4	ECEDENT'S I	ork done o	CCUPATIO	N at of world	ina		16b, KIND OF B	USINESS/II				
	Elementary/Secondary (0-12)	College (1-4 or 5+)	- 111	le. Do NOT use	retired.)										
OMPLI	17. FATHER'S NAME (First, Middle, Last)	6	1111	.ustra	tion	s E	_		1115 (5	Nation			apnı	LC	_
CO	Glover S. Johns	s. Jr.						ita		Cuver	in Surname)				
8	19a. INFORMANT'S NAME (Type/Print)	, 011	11	9b. MAILING	ADDRESS	(Street a				Number, City or 1	own, State, 2	Zip Code)	-		
2	Rebecca B. Johns			7 Park	k Val	lley	Dri	ve,	Si	lver Sp	ring.	, MD	209	10	
	20a. METHOD OF DISPOSITION 1 □ Burial 2 X Cremation 3 □ Ram	oval from State	other r	E OF DISPOS				matory or		20c.	OCATION -	- City or 1	lown, Sta	rte	
	4 Donation 6 Dother (Specify)		Subu	rban (ver :	Sprir	ng,	Mary	ylar
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE						eral		rvices,	Ρ.	Α.			
	IMMEDIATE CAUSE (Final disease or condition	List only one cause		10.						cardiac or rea	piratory s	errest,	- 1	Approxi Interval Onset s	Betwe
RTIFICATION	IMMEDIATE CAUSE (Final	a. DUE TO (OF	ON EACH III	EQUENCE OF							piratory s	srrest,	- 1	Interval	Betwe
MEDICAL CE	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II, Other significent conditions	b. DUE TO (OF	R AS A CONSI	EQUENCE OF	() () () ()	H		L	ur	I. 24e WAS PERF	AN AUTOPS ORMED? 2 X) NO		b. WERE AWAILA COMPION OF DE	AUTOPS' ABLE PRIVALETION C	FINDIN OR TO OF CAUSE
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WPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if sny, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	a. DUE TO (OF DUE TO (R AS A CONSI	EOUENCE OF EOUENCE OF EOUENCE OF resulting I 26b. TIMI	OTHEF 4 Nun E OF URY M	26. Place sing Home 28c. IN. W.C. 1	Cause LACE OF I BE S X R URTY AT PYES 2 Be and place leath occur leath occur	given in	Part Part 28d 28d 28d 28d 28d 28d 28d 28d 28d 28d	I. 24a. WAS PERF 1 YES Other (Specify) I. DESCRIBE HOT City or Town, Str. City or Town, Str. City and place, data and place,	AN AUTOPS ORMED? 2 X NO W INJURY Cost and Numbers and due to	Y 24 DOCCURED Door or Auran	Db. WERE ANALLY COMPTON TO THE TOTAL TO THE TOTAL TO THE TOTAL TOT	AUTOPS: ABLE PRIVALENON CEATH? YES 2 [Between De Proposition of the Pr
ED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II, Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation investigation investigation delarmined 29a. CERTIFIER (Check only 0 MEDICAL EXAMINER) 2 MEDICAL EXAMINERY	a. DUE TO (OF DUE TO (R AS A CONSI	EOUENCE OF EOUENCE OF EOUENCE OF resulting I 26b. TIMINA home, farm, a	OTHER 4 In the unit of at the 1 in, in my c	26. Place sing Home 28c. IN. W.C. 1	CACE OF I	given in	Part Part Part 28d 28d 28d	I. 24a. WAS PERF 1 YES Other (Specify) I. DESCRIBE HOT City or Town, Str. City or Town, Str. City and place, data and place,	AN AUTOPS ORMED? 2 Xi NO V INJURY C et and Numb te) nanner as a and due to 29d, D	Y 24 DOCCURED Dor or Rural stated. I the cause	Db. WERE ANALJ COMPTO OF DE 1	AUTOPS: ABLE PRIVALENDO EATH? YES 2 [Between De Proposition of Propositio



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to build, cremption, or removal.	the property of the property o
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	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAND /		RTMENT				MENTA	L HYGIEN	E	91	25694
Į,	1. DECEDENT'S NAME (First,	Middle, Last)		0.		IOAIL	. 01	DEA		2. DATE	OF DEATH	AY	YEAR 3.	TIME OF DEATH
	Harry	6	, Ja	mes						MONT) (YEAR	1132 AM
	4. SOCIAL SECURITY NUMB	ÉR	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.		OF BIRTH h, Day, Year)		8. BIRTHPLA Country)	ACE (State or Foreign
	212 18 912		1) M 2 F	74	YRS.	WONTHS	DATO	HOUNS	with.		09-19	15		MD
1	9a. FACILITY NAME (If not in	stitution, give st	reet and number)						ON OF DE	EATH			TY OF DEAT	
ē	Citizen's N RESIDENCE OF DEC	ursing	Home			140	rne c	le G	irace			Ho	ur-forc	
DIRECTO	10e. STATE	10b. COUNTY			10c. CI	TY, TOWN O	R LOCAT	ION					10	d. INSIDE CITY
ā	MD	На	rford				Hav	re d	le Gr	race			1	X YES 2 NO
₹	10e. STREET AND NUMBER						101	. ZIP COO	E			10g. CITIZ	ZEN OF WHA	AT COUNTRY?
FUNERAL	100 Revo	olution							1078			<u> </u>	US	
2	11. MARITAL STATUS 1 Never Married 2	Married	FORCES?	T EVER IN U.S. AR							N? (Specify Ye Rican, etc.)	s or No—	14. RACE — Black, V	American Indian, Vhita, etc.
B	3 Widowed 4 Divo		IF YES, GIVE Y	MAR OR DATES		1	YES	2 X NO	Specify	y:			Specify:	White
		EDENT'S EDUC		16a. DE	CEDENT'S	S USUAL O	CUPATIO	ON		181	. KIND OF BU	SINESS/IND		
4	Elementary/Secondary (0	highest grade	College (1-4 or 5	+) (G	. Do NOT L	work done ouse retired.)	during mo	at of world	ng					
MP	8			(R	et) '	Truc	k D	rive	r	.]	Fuel C	il Co	mpan	V
COMPLETED	17. FATHER'S NAME (First, M	iddle, Last)									Middle, Maiden			
B	Manderson		es								binsor			
2		,,,		19							ber, City or Tov			0.4
-	Mrs. Patric		over	20b. PLACE				_	Ave.	DAT	ummitt		U'791	
	120 Buriel 2 Crematic	n 3 🗆 Rem	oval from State	of cemetary	, cremator		lace)			1	3 Ab			
	21. SIGNATURE OF FUNERA		ENSEE	Dar	rers	22.	NAME A	ND ADDRE	SS OF FA	CILITY				
	>W.20	·- &		AL.							neral MD			
CERTIFICATION	23. PART I. Enter the d shock, or h iMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condit if any, leading to immecause. Enter UNDERLY CAUSE (Disease or injuthst initiated events resulting in death) LAS	eart failure.	a. Due to Due for co		QUENCE O	is A	lu	il a	4		unac or 1995			Approximate interval Between Onset end Deeth
PHYSICIAN: MEDICAL	PART II. Other algorifica	ent condition	e contributing to	deeth but not	reaulting	in the ur	nderlyln	g cause	given in	Part I.	24a. WAS AI PERFO 1 TYES	RMED?	O O	THE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
S	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:	Annual Sec.		OTHE		LACE OF	DEATH (Ch	neck only o	ne)			
IYS	1 TYES 2 NO		1 Inpatient 2	ER/Outpatient	28b. TI	4 Hur	aing Hon		lesidenca		er (Specify)	IN III PW AS	CHRED	
ВУ РН	1	Pending Investigation	(Month,	Day, Year)	"	IJURY M	1 🗆	HURY AT DRK?	□ NO	28d. DE	SCRIBE HOW	INJURY OC	CURED	
	3 Sulcide 8 4 Homicide	Could not be determined	28e. PLACE building	OF INJURY — At he i, etc. (Specify)	ome, farm	, street, fac	tory, offic	•			CATION (Street or Town, State		or Rural Rou	ite Number,
COMPLETED	oma)		ICIAN: To the best of											and manner as stated.
TO BE	29b. SIGNATURE AND TITLE	m) Yes	nn	11	2		29c. LIC	ENSE NUI	MBER 2/9	0	29d. DAT	E SIGNED (A	Aonth, Day, Year)
	30. NAME AND ADDRESS O	IN	O COMPLETED CA	UN.		oo, Print)	LA	VK	B	00	3 6	FRI	ACL	EMA
	31. DATE (LLD (Month, Day,	Year)	1 1	AR'S SIGNATURE	ndelle							21	07	f
	0-21		a											DHMH-16 Rev 1/89



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BALTIMORE, MARYLAND 2121	requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or after	een signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use
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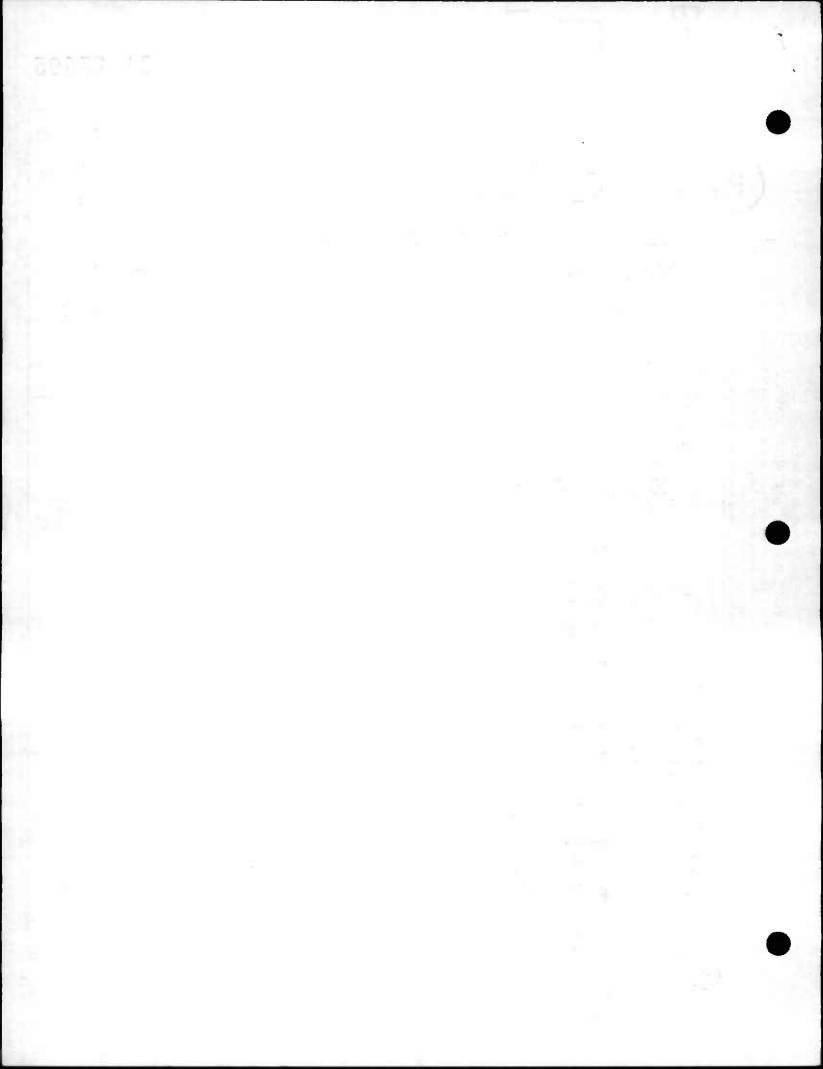
		1 - STATE REGISTRAR			CATE OF DEA	AND MENTAI TH	REG. NO.	
		1. DECEDENT'S NAME (First, Middle, Las	1)			2. DATE	OF OEATH	3. TIME OF DEATH
'		GEORGE	EDGAR	JOY		AU	- (A)	YEAR 21 1045 A
		4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR IF UNDE	R 24 MRS. 7. DATE	OF BIRTH	BIRTHPLACE (State or Foreign
6		216-12-6883	1 🔀 M 2 🗆 F	88 YRS.	ONTHS DAYS HOURS	4.	-5-1963	Country) D.
(P	£	9a. FACILITY NAME (If not institution, give 3105 COLL	INS AVE		BALT/MC			TIMORE
Pages 1	RECT	RESIDENCE OF DECEDENT 100. STATE 10b. COUN	птү	10c. CfTY,	TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
permit P	AL DIR	10e. STREET AND NUMBER	ALTIMORE	DA	101. ZIP COL	RE DE	10g. CITIZI	1 NO YES 2 □ NO EN OF WHAT COUNTRY?
	K	1904 GRI	NNALDS	AVE.		1230		USA
4	BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO		en, Mexican, Puerto I		14. RACE — American Indian, Black, White, etc. Specify:
Tor USE as	윤	15. DECEDENT'S EC (Specify only highest gra	DUCATION de completed)	16a. DECEDENT'S U (Give kind of wo	rk done during most of work	ing 16b	KIND OF BUSINESS/INDU	STRY
	PLET	Elementary/Secondary (0-12) th GRADF	College (1-4 or 5+)	ille. Do NOT use CHROME	retired.) E PLATER	37	RESEARCH C	OMPANY
once.	COMPL	17. FATHER'S NAME (First, Middle, Last)			18. MO	THER'S NAME (First, I	Middle, Maiden Surname)	
15	E	GEORGE A. JOY				MARY LILL		
notified	00	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING			ber, City or Town, State, Zip C	Code)
	욘	M. MADELINE McCF	EARY	310 SC	OUTH COLLIN	S AVE. E	BALTIMORE, M	D. 21229
must be		20e. METHOD OF DISPOSITION 1	moval from State of	b. PLACE AND DATE	OF DISPOSITION (Name	DAT		
u. examiner		21. SIGNATURE OF FUNERAL SERVICE		ne-)	22. NAME AND ADDR	ESS OF FACILITY Y-GARDINE	R FUNERAL H	OTOWN, MARYLANI HOME, P.A.
E =		23 DART / Enter the diseases of	r complications that cause	d the death Do no				RYLÁND 20650
il, cremation, or event, the me		23. PART / Enter the diseases, or ahock, or haert fellur IMMEDIATE CAUSE (Final disease or condition resulting in desth)	complications that couse e. List only one couse on a DUE TO (OR AS)	us cell	t enter the mode of d	ying, such es care		RYLÁND 20650
event, the me	ICATION	ahock, or haert fellun IMMEDIATE CAUSE (Final disease or condition	DUE TO (OR AS	A CONSEQUENCE OF	anter the mode of d	ying, such es care		RYLAND 20650 st, Approximate Interval Between
or other traumatic event, the me	RTIF	immediata cause. Enter Understand	DUE TO (OR AS	A CONSEQUENCE OF	anter the mode of d	ying, such es care		RYLAND 20650 st, Approximate Interval Between
signed by the assertance projected and comprovery mean Health and Mental Hygiene prior to burial, cremation, or was any injury, or other traumatic event, the me		shock, or haert fellur immediate or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF)	anter the mode of d	ying, such es card	diac or respiratory stre	RYLAND 20650 st, Approximate Interval Between
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Dept. of Health and Mental Hygiene prior to burial, cremation, or 123 shows any injury, or other traumatic event, the me	: MEDICAL CERTIFI	shock, or haert fellur immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) PART II. Other algnificant conditions and cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant conditions and cause. Examiners and cause in the cause of the cau	DUE TO (OR AS. OUE TO (OR AS. OUE TO (OR AS. OUE TO (OR AS.	A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in	at anter the mode of de Caracteriory La	ying, such es card	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	ARYLÁND 20650 st, Approximate Interval Between Onset and Dast 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or riced, or Item 23 shows any Injury, or other traumatic event, the my	PHYSICIAN: MEDICAL CERTIFI	shock, or haert fellur immediate cause. Enter Underty that initiated events resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are sufficient to the condition of the condition of the condition of the condition of the cause of the condition of the con	DUE TO (OR AS OUE TO (OR AS	A CONSEQUENCE OF) A CONSEQUENCE OF) but not reaulting in	at anter the mode of december of the control of the underlying cause 26. PLACE OF OTHER: 4 — Nursing Home 5 27	given in Part I. DEATH (Check only or 28d, DE:	24a. WAS AN AUTOPSY PERFORMED? 1 □ YES 2 ☑ NO	ARYLAND 20650 st, Approximate Interval Between Onset and Daatt 24b. Were Autopsy Findings AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
this certificate has been signed by the attending physician and completely filled liwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or with the State Dept. of Health and Mental Hygiene prior to burial, cremetly, the mrked, or item 23 shows any injury, or other traumatic event, the mr	ED BY PHYSICIAN: MEDICAL CERTIFI	shock, or haert fellur immediate cause. Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are successful to the conditions of	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS OUE TO (OR AS	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) but not reaulting in patient 3 DOA 28b. Time INJU Y — Al home, farm, st	26. PLACE OF OTHER: 4 Nursing Home 5 21 OF WORK? 1 YES 2	given in Part I. DEATH (Check only or Residence 8 Other 28d, DE:	24a. WAS AN AUTOPSY PERFORMED? 1 □ YES 2 ☑ NO	ARYLAND 20650 st, Approximate Interval Between Onset and Daatt 24b. Were Autopsy Findings AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
L. DIRECTUR: Atter this certificate has been signed by the attending prosonal and compressly med. It hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or if them 28 is marked, or item 23 shows any injury, or other traumatic event, the mid	IPLETED BY PHYSICIAN: MEDICAL CERTIFI	ahock, or haert fellur immediate cause. Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions and investigations are conditionally investigations. In the condition of the cond	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS OUE TO (OR AS	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) Dut not reaulting in petient 3 DOA 28b. Time INJU Y — Al home, farm, et	26. PLACE OF OTHER: 4 □ Nursing Home 5 121 OF 28C, INJURY, AT WORK? M 1 □ YES 2 reet, factory, office	given in Part I. DEATH (Check only or Realdence 8 Other 28d, DE: Chy Chy Chy Chy Chy Chy Chy Chy Chy Chy	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO POR (Specify) SCRIBE HOW INJURY OCCUPATION (Street and Number of Town, State)	ARYLAND 20650 st, Approximate Interval Between Onset and Dast 24b. Were Autopsy Findings AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO URED OF Rural Route Number,
L. DIRECTOR: After this certificate has been signed by the attending physician and completely filled it 2 hours after death with the State Dept. of Heath and Mental Hydrene prior to burial, cremation, or 4 flem 28 is marked, or item 23 shows any injury, or other traumatic event, the mix	IPLETED BY PHYSICIAN: MEDICAL CERTIFI	ahock, or haert fellur immediate cause. Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions in the condition of the condit	DUE TO (OR AS. DUE TO (OR AS. DUE TO (OR AS. OUE TO (OR AS.	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) Dut not reaulting in petient 3 DOA 28b. Time INJU Y — Al home, farm, et	at anter the mode of december of the Control of the	given in Part I. DEATH (Check only or 28d, DEC City a, end due to the caured at the time, determined to the caured to the caured at the time, determined to the caured at the time, and the caured to the caured to the caured to the caured at the time, and the caured to th	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO ACTION (Street and Number of Town, State) use(a) and manner se state a end place, end due to the	ARYLAND 20650 st, Approximate Interval Between Onset and Dast 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO URED OF Rural Pours Number, et. o. ceuse(s) end menner as stated.
DIRECTOR: After this certificate has been signed by the attending physician and completely filled li hours after death with the State Dept. of Heath and Memtal Hygiene prior to burial, cremation, or Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the mit	IPLETED BY PHYSICIAN: MEDICAL CERTIFI	ahock, or haert fellur immediate cause. Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions and investigations are conditionally investigations. In the condition of the cond	DUE TO (OR AS. DUE TO (OR AS. DUE TO (OR AS. OUE TO (OR AS.	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) Dut not reaulting in petient 3 DOA 28b. Time INJU Y — Al home, farm, et	at anter the mode of december of the Control of the	given in Part I. DEATH (Check only or Realdence 8 Other 28d, DE: Chy Chy Chy Chy Chy Chy Chy Chy Chy Chy	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO ACTION (Street and Number of Town, State) use(a) and manner se state a end place, end due to the	ARYLAND 20650 st, Approximate Interval Between Onset and Dast 24b. Were Autopsy Findings AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO URED OF Rural Route Number,

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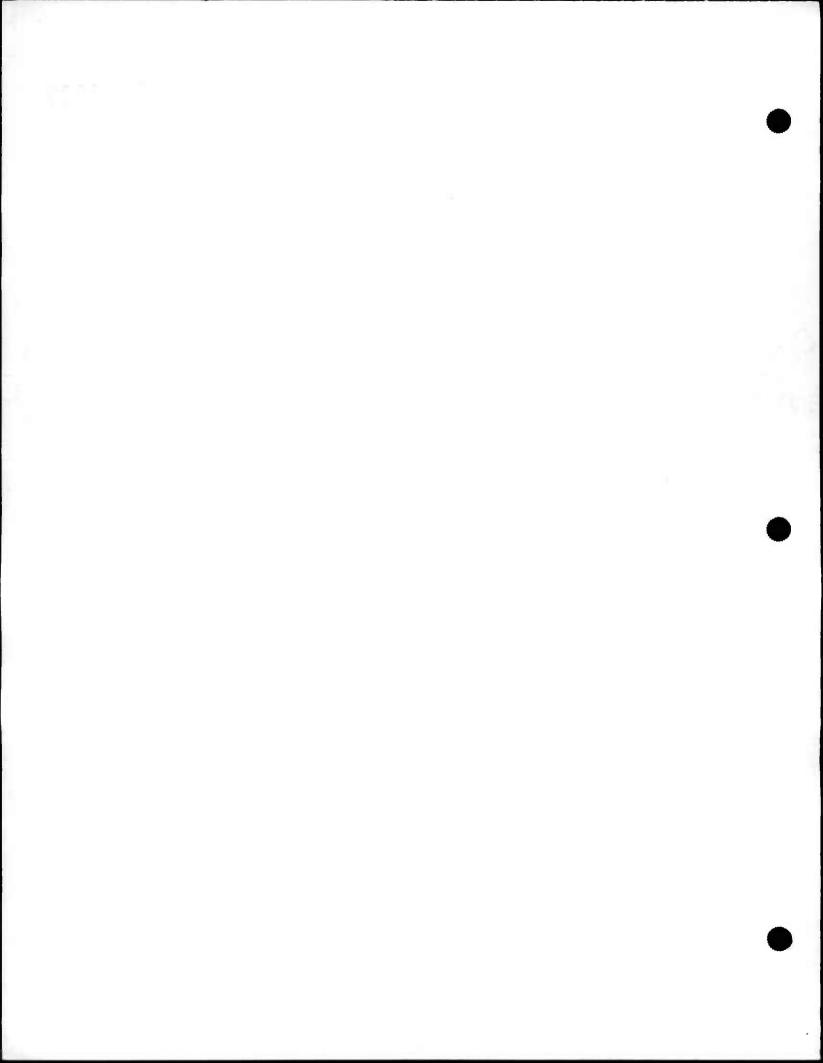
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		FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / I	DEPARTMENT OF HEALTH AND RTIFICATE OF DEATH	MENTAL HYGIENE	25696
•		1. OECEDENT'S NAME (First, Middle, Last)	1. Johns	on	REG. NO. 2. DATE OF DEATH MONTH DAY G/Y	3. TIME OF DEATH
(P		4. SOCIAL SECURITY NUMBER 139.26,5081 9a. FACILITY NAME (If not institution, give str	5. SEX 6. AGE (in yrs. lest if	YRS. FUNDER 1 YEAR FUNDER 24 HRS. MONTHS DAYS HOURS MIN.	8/15/93	BIRTHPLACE (State or Foreign Country)
1.2,3 sh	стоя	AT 2 BOX 364 RESIDENCE OF DECEDENT		Quenstour	1	A
permit. Pages, 1.	L DIRE	10a. STATE 10b. COUNTY	A	10c. CITY, TOWN OR LOCATION QUEENS TOW	n	10d. INSIDE CITY LIMITS? 1 LES 2 NO
-55	FUNERAL	R+2 BX 3	64	101. ZIP CODE 2156	08 V	SA
5-0 nding is the	ED BY FU	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVEN IN U.S. ARMI FORCES? 1 FES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuben, Maxic 1 □ YES 2 ☑ NO Spec	can, Puarto Rican, atc.)	. RACE — American Indian, Black, White, atc. Specify: BLK
YLAND 2121 by the hospital or atte be detached for use a at once.	PLET	19. DECEDENT'S EDUC (Specify only highest graff of Elementary/Secondary (0-12)	(Give	EDENT'S USUAL OCCUPATION Is kind of work done during most of working NOT use retired.)	18b. KIND OF BUSINESS/INDUS	Aging Aging
BALTIMORE, MARYLAND 2 of incurs after death. Page 6 may be retained by the hospital ed in the funeral director, page 5 should be detached to or removal. medical examiner must be notified at once.		17. FATHER'S NAME (First, Middle, Last) Grenc 19a. INFORMANT'S NAME (Name Print)	e John	Son) Ma	IAME (First, Middle, Maiden Surname)	UZ
RE, M/ may be retail r. page 5 sh		EVG J. J. 20a. METHOD OF DISPOSITION 1 Deurlai 2 Cremation 3 Remon	Ohnson K.	MAJLING ADDRESS (Street and Number or Rural 2 BOX 364 (ID DATE OF DISPOSITION (Name of	Decension Member, City or Town, State, Zip Co	1.21568
BALTIMOR ter death. Page 6 ma the funeral director, p. yval.		4 Donation 5 Other (Specify)	Khug	atory or other place) 22. NAME AND ADDRESS OF F.	99/9/ Quers	taum, Md
BAL hours after death of in by the fune or removal.	Н	23. PART f. Enter the diseases, or co	implications that caused the deal	th. Do not enter the mode of dying, suc	21801	rng.
within 24 upletely fill cremation.		ehock, or heert fellure. Li iMMEDIATE CAUSE (Final disesse or condition resulting in death)	Concer J DUE TO (OR AS A CONSEQUE	mostute a	rill medulhi	Interval Batween
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P.O. th certing in Hygie	CERTIF	thet initiated events resulting in death) LAST	DUE TO (OR AS A CONSEOU	ENCE OF):		
w requires that the dear been signed by the att pr. of Health and Menta 3 shows any injury,	MEDICAL (PART II. Other significent conditions	contributing to death but not rea	ouiting in the underlying cause given in	1 Pert i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
A Line bass be bass De 2	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF DEATH (C)	heck only one)	
	ı >- ı⊪		HOSPITAL: 1 Inpatient 2 ER/Outpatient 3			
O SH SH	ву Рн	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME OF 1NJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCUR	ED
DIVISION OR ATTENDING FOR OTHER OF THE CONTROL OF T	ETED.	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY — A1 home building, atc. (Specify)		281. LOCATION (Street and Number or F City or Town, State)	Burel Route Number,
OSPITAL O JNERAL DI Ithin 72 ho	COMPL	29a. CERTIFIER 1 CERTIFYING PHYSICI. one) 2 MEDICAL EXAMINER:	AN: To the beat of my knowledge, death On the beals of examination and/or inv	n occurred at the time, data and placa, and durestigation, in my opinion, death occured at the	a to the cause(a) and manner as stated. Ime, data and place, and due to the co	iuse(a) and manner as stated.
TO THE HOSPITAL OF THE FUNERAL OF THE WITHIN 72 h	TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	ein	29c. LICENSE NU	MBER 29d DATE SH	GMED ANNER OF MANY
5	۲	Wayne P,	COMPLETED CLUSE OF DEATH (ITEM 2	(T) (Type, Print) Ches	tertura 1	hD 2/620
		SEP 05 1991	32. REGISTRAR'S SIGNATURE	delle		

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retaine	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 show		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifie
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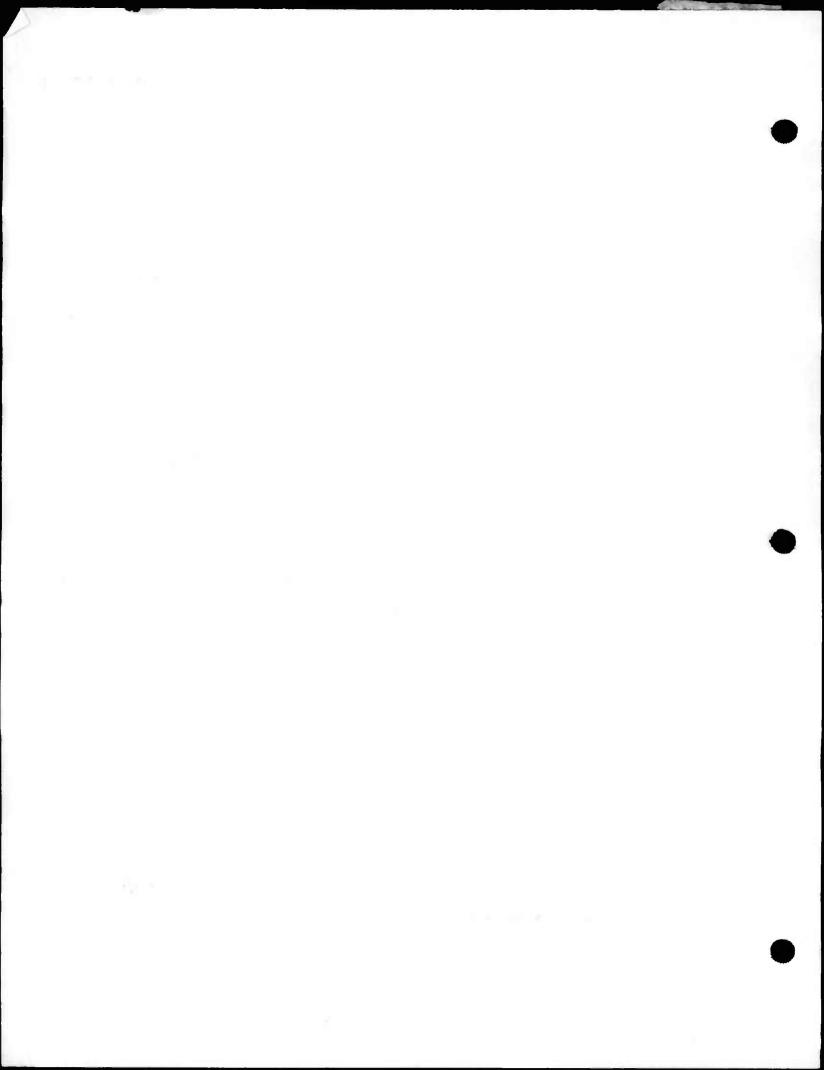
	FOR 1 - STATE REGISTRAR	STATE OF MAR		TMENT OF HI		MENTAL HYGIENI REG. NO.	91	25697
\Box	1. DECEDENT'S NAME (First, Middle, Last) ROLAND	E.	KNIC	E 64		2. DATE OF DEATH	Q.	3. TIME OF DEATH 4:40 Pm
P)	4. SOCIAL SECURITY NUMBER 215-10-4957	1 x M 2 □ F	GE (In yrs. lest birthday) 81 YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) AUS 4, 191	0 V	NRTHPLACE (State or Foreign Sountry) 1rginia
NO.	90. FACILITY NAME (If not institution, give s		Ave.	9ь. сту, тоwn о Hagerstow	R LOCATION OF DE	ATH	9c. COUNTY (of death naton
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY Maryland Wash	v nington		y, town or Locati				10d. INSIDE CITY LIMITS? 1 📉 YES 2 🗌 NO
FUNERAL	100. STREET AND NUMBER 352 S. Potomac St.				21740			OF WHAT COUNTRY? USA
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 1 IF YES, GIVE WAR O	YES 2 NO		city Cuben, Mexicer	IC ORIGIN? (Specify Yea n, Puerto Ricen, etc.)		RACE — Americen Indien, Bleck, White, etc. Specify: white
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12 years	CATION completed) College (1-4 or 5+)	18e. DECEDENT'S (Give kind of life. Do NOT u		DN ast of working	nursing		RY
BE COM	17. FATHER'S NAME (First, Middle, Last) William	Knicely			16. MOTHER'S NAI Hattie	ME (First, Middle, Maiden	_{Sumame)} Laym	an
TO B	190. INFORMANT'S NAME (Type/Print) Ruth D. Knicely			Potomac		Hagersto		ryland 21740
i i	20e. METHOD OF OISPOSITION 1X Burlet 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)		206. PLACE OF OISPO Cedar Lawn	Memoria	l Park	Hage		or Town, State 1, Maryland
	II. SIGNATURE OF FUNERAL SERVICE LI	Minne	ch		d N. Minr al Home			tomac Street n, Maryland
מאפוור, נוופ ווופחוכם	23. PART i. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Liat Drily one cause of		. 0 .			27.00	Approximate interval Between Onset and Death Wystax
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	AS A CONSEQUENCE O		iovasi	Cular ()	beas	Q Gears
MEDICAL	PART II. Other significant condition		ath but not resulting	in the underlying		Part I. 24a. WAS AN PERFOI 1 YES 2	RMED?	24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL	LACE OF DEATH (Ch	eck only one)		
HYS H	1 YES 2 NO 27. MANNER OF DEATH	1 Onpatient 2 ER	URY 26b. TII	ME OF 28c. INJ	JURY AT	8 Other (Specify) 28d. OE\$CRIBE HOW	NJURY OCCUR	ED
BY P	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be		JURY — At home, farm,	M 1 🗆	PES 2 NO	281. LOCATION (Street City or Town, State	and Number or I	Rural Route Number,
COMPLETED	4 Homicide determined	building, etc.		and at the time date	and place, and dust			
OMP	construction of the constr							euse(s) end manner ee stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	Pecaro	MD	٠	29c. LICENSE NUI	8 9 0	29d. DATE SI	IGNED (Month, Day, Year)
¥ 0	30. NAME AND ADDRESS OF PERSON W	PENNS	OF DEATH (ITEM 27) (Typ	o, Print)	VE.	HAGER	STOWN	LMD 21740
	31. DATE FILED (Month, Day, Near) 6 '9	32. REGISTRAR'S	signature ha Daydson-D	fandale				7



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	ATE OF	DEATH	REG. NO			
	1. OECEDENT'S NAME (First, Middle, Last)				2. OATE OF DEATH	AY ,	YEAR 3. TI	ME OF OEATH
. 1	VIJAY, (NMN) KUMAR				SEPTEMBER	6, 19	991 9:	17 AM M
1	4. SOCIAL SECURITY NUMBER 227-70-9962 5. SEX 1 → M 2 → F 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV. 7, 1	6.	Country)	E (State or Foreign
J	Se. FACILITY NAME (If not institution, give street and number)	96	. CITY, TOWN C	R LOCATION OF DE			Y OF DEATH	
ROLL	NTH. THE CLINICAL CENTER	В	ETHESD	A, MARYLA	AND	MONTO	GOMERY	,
肥	10b. COUNTY	10c. CITY, T	OWN OR LOCAT	ION			10d.	INSIDE CITY LIMITS?
٦	VIRGINIA Fairfax	FAIRF				_		YES 2 K NO
FUNERAL DIRECTO	100. STREET AND NUMBER 5331 WINDSOR HILLS DRIVE			22032			S.A.	COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR (2 X NO	If yes, sp		C ORIGIN? (Specify Ye , Puarto Rican, atc.)	or No- 14	4. RACE — Ar Black, Whit Specify:	merican indian, ta, atc. Indian
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEOENT'S US	UAL OCCUPATIO	N el of working	16b. KINO OF BU	SINESS/INDU:	STRY	
9	Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of work life. Do NOT use re						
COMPLETED	4	Electric	cal Eng		Pepco			
	17. FATHER'S NAME (First, Middle, Lest) Devendra - S	Singh		18. MOTHER'S NAM Sushe	ME (First, Middle, Meiden la Ranei	Sumame)		
TO BE	19e. INFORMANT'S NAME (Type/Print)				oute Number, City or Toy			222
۲	MRS. ADARSH KUMAR	5331 WI	NDSOR	HILLS DR	IVE, FAIRI	AX, V	A 220	J32
	20a. METHOD OF DISPOSITION 20 1 □ Burlal 2 □ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify)	other place) Northern				clingt		200
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE		22. NAME AL	D AODRESS OF FAC	HITY		,	
	Fonald & thro	er			Funeral Hax Dr., An		a. 22	2203
	23. PART I. Enter the diseases, or complications that cause shock, or heart failure. List only one cause on IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS		anter the mo	A Na	as cardiac or reap	iratory arrea	nt,	Approximate interval Batween Onset and Death
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	A CONSEQUENCE OF): CONSEQUENCE OF):	Jran	won	adosi	2		typas
	PART II. Other aignificant conditions contributing to death	but not reaulting in t	the underlyin	g causa given in		N AUTOPSY RMED?		E AUTOPSY FINDINGS
EDICAL					1 X YES		COM	PLETION OF CAUSE DEATH?
					_		10	YES 2 NO
ÿ								
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		Z6. PI	ACE OF OEATH (Che	ck only one)			
IYS	1 YES 2 NO 11 Input ent 2 ER/Ou 27. MANNER OF OEATH 28s. DATE OF INJURY	- 5-5-0		e 5 Realdence	6 Other (Specify) 2ad, OESCRIBE HOW	IN HIEV COOL	IDEO.	
ВУ РН	1 M Netural 5 Pending 2 Accident Investigation		Y WC	VES 2 NO	2ad, DESCRIBE HOW	INJURY OCCU	JHED	
	3 Suicide 6 Could not be 4 Homicide detarmined	IY — At home, farm, stre	et, factory, offic		28f. LOCATION (Street City or Town, State	and Number o	or Rural Route	Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: To the best of my kno one) 2 MEDICAL EXAMINER: On the basis of examination							manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUN	BER	29d. OATE	SIGNED (Mon	th, Day, Year)
TO B	of adu of			1792	35	1	ato-	,1991
Ĕ	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D	PEATH (ITEM 27) (Type, Pr 9000 ROCKV		KE, BETH	ESDA, MAR	YLAND	2089	2
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIG	NATURE			<u> </u>			
	SFP 09 '91 Julia Davidson	- Mandell						

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x-mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 IMPORTANT. If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,



		1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIE REG. N		1 20033
			LEAH	KOLOD	NY		2. DATE OF DEATH	9/4/91, 4 91	3. TIME OF DEATHY : 14
F		4. SOCIAL SECURITY NUMBER 132-12-7243 90. FACILITY NAME (If not Institution, give str	1 - M 2 12 F	yrs. lest birthday) YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) SEPT. 24,	1896 °	RUSSIA
2, 3 should	A.	HEBREW HOME OF		INGTON		VILLE	EATH	9c. COUNTY O	IGOMERY
+	DIRECTO	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
permit. Pages		MD. MONT	GOMERY			VILE		T	1X YES 2 NO
. usit	FUNERAL		RD.		10	1. ZIP CODE 2085	2		S.A.
ing physician. the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	U.S. ARMED 2 X NO NTES	If yes, sp		NIC ORIGIN? (Specify \ nn, Puerlo Ricen, e1c.) y:	fee or No- 14. 1	RACE — American Indian, Black, Whita, atc. Specify: WHITE
attending use as the		15. DECEDENT'S EDUC (Specify only highest grade of		(Give kind of	USUAL OCCUPATE work done during mo	ON ost of working	16b. KIND OF E	USINESS/INDUST	
be detached for use at once.	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	NUR	ŕ			NURSING	4
the hospital detached fo	COM	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, Middle, Maid	en Surname)	
	BE	UNKNOWN 19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	UNKNOW Route Number, City or T		0)
	2	ISABEL MILLE		8350	GREENS	BORO DR.			
6 ma tor, p		20a. METHOD OF DISPOSITION 1	val from State	PLACE OF DISPO other place) CHAMBE	SITION (Name of ce	Metery, cremetory or IATORY 9		IVERDALE	
death. Page funeral direct. Lexaminer n		21. SIGNATURE OF FUNERAL SERVICE LICE	ENGEE 0	OIII III II		ND ADDRESS OF FA		·	20910
after death. y the funera noval.		W.M. Ch	anleval	M00091					ER SPRING, MD.
ours by wed in tation, or rel the medi		23. PART i. Enter the diseases, or c shock, or heart failure. I iMMEDIATE CAUSE (Finel disease or condition resulting in death)	lat only one cause on earlier POS	ach line.	SEPS		ch as cardiac or rec	ppiratory arrest,	Approximata interval Between Onaet and Death
h certificate be execuending physician and I Hyglene prior to but or other traumatil	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in deeth) LAST		CONSEQUENCE O					
and and	PHYSICIAN: MEDICAL	PART II. Other aignificant conditions DEMENTIA		ut not reaulting	in the underlyin	ng cause given in	Part I. 24a. WAS PERF	AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
has be Dept.	IAN:	25. WAS CASE REFERRED TO MEDICAL		-	26. P	LACE OF DEATH (C)	heck only one)		
PHYSICIAN: The this certificate h with the State I with the the State I when the State I with the State I will will will will will will will wi	rsic	EXAMINER?	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outp	etlent 3 🗆 DOA			6 C Other (Specify)		
	ву РН	27. MANNEB OF DEATH 1 Netural 6 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIN		JURY AT ORK? YES 2 NO	28d. DEŞCRIBE HOV	V INJURY OCCURE	D
OR ATTENDING DIRECTOR: After hours after death		3 Suicide 6 Could not be 4 Homicide detarmined	28s. PLACE OF INJURY building, atc. (Spec		street, factory, offic	ca .	261. LOCATION (Stree City or Town, Ste	et and Number or Ri ite)	urs! Route Number,
1	COMPLETED	and)	CIAN: To the beat of my knowl						use(a) and manner as stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 I	TO BE	1. 0000	VD.			D36	MBER 552	29d. DATE SIG	SNED (Month, Day, Year)
4		PANKAT TAWAR				, Roc	SSZ HVILLE	MO 2	3852.
		31. DATE FILED (Month, Dey, Year) SEP 09 '91	32 MEGISTRAB'S SIGN	and and a					

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be need within 72 hours after death with the State Dept. or result and wenter bygiene prior to builds, or relieved. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
SPIT	NER	
오	E	M
물	王	Po
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1. DECEDENT'S NAME (Fir	st, Middle, Last)			CERTIF	IOAIL				REG. NO		TACK	3. TIME OF DEATH
ETHEL			KATZ						8/29/9	1	YEAR	12:42 AM
4. SOCIAL SECURITY NUM	MBER	5. SEX	6, AGE (In yrs.	fast birthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRT	THPLACE (State or Foreign
057-07-109		1 M 2 F	80	YRS.	MONTHS	DAYS	HOURS	Mare.	6/20/1	1		New York
80. FACILITY NAME (# not Brook Grov	ve Nurs	and the second second			9b. CITY, Olne	, тоwн ог еу	R LOCATIO	ON OF DE	ATH		ontgo	omery
RESIDENCE OF DE	10b. COUNT	гу		10c. CIT	Y, TOWN O	OR LOCATI	ION					10d. INSIDE CITY
Maryland	Mo	ontgomery		Sil	ver	Spri	ng					LIMITS?
100. STREET AND NUMBE 14510 Home		Road					ZIP CODI					what country? d States
11. MARITAL STATUS 1 Never Married 2 2 3 W Widowed 4 Di			NT EVER IN U.S. I YES 2 TO WAR OR DATES		1		elfy Cube	n, Mexica	IIC ORIGIN? (Specify Y n, Puerto Rican, etc.)	es or No-	1	CE — American Indian, lock, White, atc.
15. DI	ECEDENT'S ED	UCATION	16a.	DECEDENT'S	USUAL OC	CCUPATIO	ON .		16b. KIND OF B	USINESS/IN	DUSTRY	
Elementary/Secondary		College (1-4 or 5	+)	(Give kind of life. Do NOT u			st of workir	ng	Gene	ral 1	Busi	ness
17. FATHER'S NAME (First, Isadore		ramowitz						HER'S NA	ME (First, Middle, Maide Ka	n Sumame) .tz		
190. INFORMANT'S NAME Lawrence		(son)							Acte Number, City or R			20853
20e. METHOD OF DISPOS	ITION		OOL DIA	CE AND DAT		00171011	Mama		DATE 20c. I	OCATION	City or	Town, State
4 Denetion 5 Oth	tion 3 - Rer	movel from State		itefic								
4 Denotion 5 Oth	tion 3 - Rener (Specify)	tagan	of Mor	itefic	re co	emet NAME AN anza 170	ery D ADDRE INSKY Rock	vill	8/30 Spr dberg Mem e Pike, R	ingfi orial ockvi	ield L Cha ille	
21. SIGNATURE OF THE 23. PART I. Enter the ahock, pr iMMEDIATE CAUSE (f disease pr condition resulting in death) Sequentielly list cond	diseases, or heart feilure	complications the List pnly one ca	et ceused the use pn each it	deeth. Dp	prethe Co	NAME AN ANZA 170	ery o ADDRE nsky Rock de of dy	vill ing, auc	8/30 Spr cutry dberg Mem e Pike, R	ingfi orial ockvi	ield L Cha ille	,L.I., New apels, Inc., MD.20852
21. SIGNAT RE OF THE 21. SIGNAT RE OF THE 23. PART I. Enter the shock, pr IMMEDIATE CAUSE (I disease pr condition resulting in death)	diseeses, or heart feliure diseeses, or heart feliure distions, nediste YiNG jury	complications the List only one ca	of MOI	deeth. DD ine.	ore other contents of the cont	NAME AN ANZA 170	ery o ADDRE nsky Rock de of dy	vill ing, auc	8/30 Spr cutry dberg Mem e Pike, R	ingfi orial ockvi	ield L Cha ille	,L.I., New 'apels, Inc., MD.20852
23. PART I. Enter the ahock, pr iMMEDIATE CAUSE (filsease Dr condition resulting in death) Sequentielly list condition, list any, leeding to imm cause. Enter UNDERI CAUSE (Disease Dr in that initieted events.)	diseases, or heart feliure finel ditions, nediste. YING bjury	a. DUE TO DUE TO d.	et ceused the use pn each is considered to considered the use pn each is considered to considered the considered to considered the considered to considered the considered to considered the considered to considered the considered to considered the considered to considered the considered to considered the c	deeth. Do ine. SEQUENCE C	Precinct of the Control of the Contr	NAME AN AN AN AN AN AN AN AN AN AN AN AN AN	ery to Adopte insky Rock de of dy	villing, auc	8/30 Spr citry dberg Mem e Pike, R h as cardiac pr res	orial ockvipiretory a	ield L Cha ille most,	,L.I., New apels, Inc., MD.20852
23. PART I. Enter the abock, pr iMMEDIATE CAUSE (f disease Dr condition resulting in death) Sequentielly list concif any, leeding to imm cause. Enter UNDERL CAUSE (Disease Dr in that initieted events resulting in death)	disesses, or heart feliure diffipns, nediste. YING plury	complications the List Dnly one ca	et ceused the use pn each it	deeth. Do deeth. Do fine. SEQUENCE C	OTMEE	nderlying	ery ID ADDREIDS KY Rock de of dy	given in	8/30 Spr. dberg Mem. e Pike, R. h as cardiac Dr res	orial ockvipiretory a	ield L Cha ille most,	AD. 20852 Approximate interval Between Onset and Deat AD. 20852 Approximate interval Between Onset and Deat AD. 20852
23. PART I. Enter the ahock, or iMMEDIATE CAUSE (disease or condition resulting in death) Sequentielly list condition resulting in death) Sequentielly list condition resulting in death) Sequentielly list condition resulting in death) PART II. Other eignification in death) 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5	disesses, or heart feliure diffipns, nediste. YING plury	DUE TO DOIS CONTributing to HOSPITAL: 1 Inpellent 2 28e. DATE O (Month,	et ceused the use pn each it coused the use pn each it coused the use pn each it coused to come a constant of the coused to come a constant of the coused to come a constant of the coused to come a constant of the coused to come a constant of the coused to come a constant of the coused to come a constant of the coused to come a constant of the coused to come a constant of the coused to come a constant of the coused to constant of the constant of the coused to constant of the constant of t	deeth. DD ine.	OFF:	nderlying 28. PL R: raining Homo 28c. INJI	g cause	given in	8/30 Spr citury dberg Mem e Pike, R h as cardiac Dr res Part i. 24a. WAS / PERF 1 YES	ingfi orial ockvi piretory a	ield L Chaille most,	AD. 20852 Approximate interval Between Onset and Deat AD. 20852 Approximate interval Between Onset and Deat AD. 20852
23. PART I. Enter the ahock, pr iMMEDIATE CAUSE (disease Dr condition resulting in death) Sequentielly list condition resulting in death) Sequentielly list condition resulting in death) Sequentielly list condition resulting in death) PART II. Other eignification in death) 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5	diseases, or heart feliure diseases, or heart feliure distions, hediste YING Diury AST TO MEDICAL	DUE TO DOE TO DOE TO C. DUE TO DISCONTINUE TO DISCONTINUE TO DISCONTINUE TO A. DIS	et ceused the use pn each is considered to the use pn each is cons	deeth. Do deeth. Do ine. SEOUENCE C SEOUENCE C SEOUENCE C SEOUENCE C 200. Till IN	OFFI: OT MES	nderlying 28. PL R: raing Homo 28c. INJI WO 1 □ Y	g cause	given in	8/30 Spr citiry dberg Mem e Pike, R h as cardiac Dr res Part i. 24a. WAS / PERF 1 YES ack only one) a □ Other (Specify)	ingfi orial ockvi piretory a	ield Chaille	Approximete interval Between Onset and Deat Conset 2 REGISTRAR'S SIGNATURE
Fishia Davidson Anglose

31. DATE FILED (Month, Day, Year)
SEP 04 91

DHMH-18 Rev 1/89

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	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										5/01	
		1. DECEDENT'S NAME (First, Middle, Last	udolph Knott Ir				S	2. DATE OF DEATH MONTH DAY SEAT 4 1991 5:58			5:58pm	
(.P)	579-03-1541	1 ★ M 2 □ F				HOURS MIN.	44-4-0-14				
4. 87	CTOR	96. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATN 96. COUNTY OF DEATN										
Pages	DIREC	10s. STATE 10b. COUN				TOWN OR LOCA					10	d. INSIDE CITY LIMITS?
permit.		MARYLAND ST. MARY'S 100. STREET AND NUMBER P.O. BOX 165			TALL TIMBERS 101. ZIP CODE				10g. CITIZEN OF WNAT COUNTRY?			T COUNTRY?
Z15-0020 attending physician. use as the burlat-transit	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.	S, ARMED		20690 CENDENT OF HISPA	NIC ORIG	IN? (Specify Ve		S.A.	American Indian,
	ETED BY	1 Never Merried 2 Merried 3 M Widowed 4 Divorced FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES			If yes, specify Cuban, Mexican, Put			en, Puerto	rto Rican, etc.) Black, White, etc. Specify: WHITE			hits, etc.
al or atte		15. DECEDENT'S ED (Specify only highest grad Elementery/Secondary (0-12)	UCATION le completed) College (1-4 or 5 +)	16		USUAL OCCUPATI ork done during mo retired.)		16	b. KIND OF BU	SINESS/INDUS	TRY	
NO NO NO NO NO NO NO NO NO NO NO NO NO N	COMPL	8TH GRADE 17. FATNER'S NAME (First, Middle, Last)			CABLE	SPLICE				RIC CO	MPAN	Y
\$ & &	ш	HARRY RUDOLPH KNOTT, SR.					NAME (First, Middle, Maiden Surname) Y REYNOLDS MART'IN					
retained 5 should	TO B	196. INFORMANT'S NAME (Type/Print) HARRY C. KNOTT					and Number or Rural	Route Nui	nber, City or Tow	n, State, Zip Co	ode)	
may be come be set be		20s. METNOD OF DISPOSITION 1 Spuriel 2 Cremation 3 Res	moval from Stata	7320 BOND STREET, ST. I			DA	DATE 20c. LOCATION — City or Town, State				
Page 6 directs		1 Donetion 5 Other (Specify) ST. GEORGE CATHOLIC CEM. 9/7/91 VALLEY LEE, MARYLA) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE								MARYLAND		
DAL III ter death. Pac the funeral of wal.		MATTINGLEY-GARDINER FUNERAL HOME, P.A.										
m > = 43		P.O. BOX 270, LEONARDTOWN, MARYLAND 20650 23. PART I/Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. Approximate interval Between										
fille fille on.		disease or condition							Onset and Death			
pa da da	IFICATION	resulting in death)	DUE TO (OR	AS A CO	INSEQUENCE OF	0	, ,					24 kg.
executor and to burn t		Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
e by get		CAUSE (Disease or Injury that initiated events Due TO (OR AS A CONSCOUENCE OF):										
F 8 - 9	CERT	resulting in death) LAST										
y and at	AL	PART II. Other significant condition	na contributing to da	ath but r	not reaulting in	tha underlyin	g cause given in	Part i.	24s. WAS AN			RE AUTOPSY FINDINGS
) = R = =	MEDIC	Hip replacement durgery						1 YES 2 NO		OMPLETION OF CAUSE OF DEATH?		
The law requires the has been signed at a Dept. of Healther and 23 shows a	CIAN: P	25. WAS CASE REFERRED TO MEDICAL										YES 2 NO
clan: The rifficate hhe State [S	EXAMINER?	HOSPITAL:	2/Outpatie		OTHER:	ACE OF DEATN (CA					
동물물	РНУ	27. MANNER OF DEATN 1 Natural 5 Pending	IURY Year)	28b. TIME OF 28c. INJURY AT WORK?			1	28d. DESCRIBE NOW INJURY OCCURED				
OR ATTENDING PHYSICIAN: DIRECTOR: After this certifica rouns after death with the St. tem 28 is marked, or it	ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	M 1 VES 2 NO It home, farm, street, factory, office			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
R DIR J	PLET	29s. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dus to the cause(s) and manner as attated.										
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If	COMPLE	2 MEDICAL EXAMIN	ER: On the basis of exemi	Ination an	d/or investigation	, in my opinion, d	eath occured at the	time, dat	s and placs, an	d dus to the c	suse(s) sno	d manner se atated,
TO THE HOSPITAL TO THE FUNERAL De filed within 72 I	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE	7. Jen	u i	In)	DO (G. 9	nth, Day, Year)
		30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAUSE O	OF DEATH	(ITEM 27) (Type, I	Print)	Maria	20				
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATUI	ne avidson-V	andalla	100	~ []				-
	1	2FL 0	6 91 9	140.3	(m/(@201 a-1)				<u> </u>			DHMH-16 Rev 1/89

		REGISTRAR		CERTI	FICATE OF	DEATH	REG. NO				
		1. OECEDENT'S NAME (First, Middle, Last)		1/ 1			2. DATE OF DEATH		3. TIME OF DEATH		
-	-	James Fro	encis	bnott			Sept,	199	1 5:300m		
Pr	. //	4. SOCIAL SECURITY NUMBER	1.4	AGE (In yrs. last birthday	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day Year)	a. Br	IRTHPLACE (State or Foreign ountry)		
(3)	1)	217-34-2932	1 XM 2 - F	58 YRS.			DEC. 9,19	32 MA	RYLAND		
<u>~</u>	1 "	9s. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH									
W	CTO.	RESIDENCE OF DECEDENT HOSPITAL LEONARDON ST MARY'S									
200 mg	THE PERSON	10a. STATE 10b. COUNTY			TY, TOWN OR LOCA	TION			10d. INSIDE CITY		
permit. F	L DIR		MARY'S COU	NTY	HOLLYW				1 TES 2 NO		
	RA	106. STREET AND NUMBER			10	f. ZIP CODE			OF WHAT COUNTRY?		
020 physician. burial-transit	FUNERAL	RT. 3, BOX 668	12. WAS DECEOENT EV	/ED IN II S ADMED		20636		U.S			
DPhysi Duria		1 Never Married 2 X Married	FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes, s	ecify Cuban, Mexica	NC ORIGIN? (Specify Year, Puerto Rican, atc.)		RACE — American Indian, Black, White, atc.		
215-0020 attending physician. se as the burial-trar	D BY	3 Widowed 4 Divorced			10,16	2 X NO Specifi	<i>r</i> :	s	WHITE		
- L 3	ETEC	15. DECEDENT'S EDUC (Specify only highest grade	:ATION completed)	(Give kind o	S USUAL OCCUPATION Work done during me	ON ost of working	16b. KINO OF BU	JSINESS/INDUSTR	N		
		Elementary/Secondary (0-12)	College (1-4 or 5+)	iile. Do NOT							
The hospital detached to	COMP	12TH. GRADE 17. FATHER'S NAME (First, Middle, Last)		PARK	MANAGER	AS MOTHERIN III		GOVERNME	INT		
5 E 4 Z	6 m	CLARENCE GUY KNOT	TP.				ME (First, Middle, Maider OUISE HARR				
MAR retained 5 should	8	19a. INFORMANT'S NAME (Type/Print)	<u> </u>	19b. MAILIN	G ADDRESS (Street		Route Number, City or Tox		1)		
	5	MARY ALICE KNOTT					WOOD, MAR				
may be		20a. METHOO OF DISPOSITION TY Buriel 2 Cremation 3 Remo	oval from State	20b. PLACE AND DATE cametery, crematory or	OF DISPOSITION (N			OCATION — City o			
TIMORE, . Page 6 may by aral director, page		4 Donation 5 Other (Specify)		ST. ALOY:	SIUS CEM			NARDTOW	N, MD. 20650		
ALTIN death. Pag tuneral dir		21. SIGNATURE OF FUNERAL BERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MATTINGLEY—GARDINER FUNERAL HOME, P.A.									
		P.O. BOX 270, LEONARDTOWN, MD. 20650									
in by remo		23. PART/I. Enter the diseases, or conshock, or heart fellure. I	omplications that calls only one cause	used the death. Do	not enter the mo	de of dying, such	h as cerdiec or resp	iratory arrest.	Approximata		
y filled tion, or		/ shock, or heert fellure. List only one ceuse on each line. immediate CAUSE (Finel Onset and Death									
60, within ampletely crematic		resulting in death) a. Carallo - Restauration Failure 10 years									
₽ 8 8 8 €			AAAA A	AN A CONSEQUENCE	n Ji	1010	alune		-) '		
	CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST									
	8										
ertifica ing phy giene	Ē										
T the st	HH H										
the dea y the att of Menta	i	PART il. Other algnificent conditions	contributing to dea	th but not resulting	in the underlyin	g cause given in	Part I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS		
OC # # # >	MEDICAL								AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
4 00 m	ME						1 □ YES 2	NO			
AL REC e law requires has been sign Dept. of Heal									1 TYES 2 NO		
N: The law Ricate has State Dep		25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Che	ock only one)				
SICIAN: The Certificate the State	YSI	1 TYES 2 NO	1 Inpetient 2 ER/	Outpetient 3 🗆 DOA	OTHER: 4 Nursing Horn	6 5 Residence	6 C Other (Specify)				
NG PHYSIC CHEET THIS CONTRACT WITH I	F	27. MANNER OF DEATH 1 Natural 5 Pending	26e. DATE OF INJU (Month, Day, Ye		JURY WO	URY AT	26d. DESCRIBE HOW	NJURY OCCURED			
DING F		2 Accident Investigation	280 DI ACE OF IN	11120	M 1 YES 2 NO			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
TTENDIN TOR: Att	ш	3 Suicide 6 Could not be 4 Homicide determined	building, atc. ((Specify)							
OIVISION OF VII A OR ATENDING PHYSICIAN: The DIRECTOR: After this certificate h hours after death with the State item 28 is marked or than	iii	29a. CERTIFIER	AND TO BE SEED OF THE SEED OF								
4 72 4		(Check only 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the ceuse(e) and manner as stated.									
TO THE HOSPITAL TO THE FUNERAL DE filed within 72 IMPORTANT: If	ပိ	2 MEGICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the ilms, date and piece, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER									
五五二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二	8	XXAI	1100	1		29c. LICENSE NUM	D (/	29d. DATE SIGN	NED (Month, Day, Year)		
K K M M	임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
		A. Samadi, M.D., LEONARDTOWN, MARYLAND 20650									
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	MASON-Hande	e .	I.	**************************************	,,,,,,			
		Str 04 '91	guna la	Marcon							

Pages

permit.

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notified pe must examiner n by the fi medical the cremation, and completely for to bunal, cremation other traumatic event, prior to attending physician intal Hygiene prior to ATTENDING PHYSICIAN: The law requires that the death certificate be signed by the atter Health and Mental any s certificate has been sith the State Dept. of Hi d, or Item 23 show with I marked, After death

DIVISION

OH

HOSPITAL

DIRECTOR: / 64

FUNERAL | within 72 h

TO THE HOSPITA
TO THE FUNERA
De filed within 7;
IMPORTANT: I

28

item

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH MONTH 1. DECEOENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR DAVID RANDOLPH KEYS 9 11 91 5:45 A 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) MARCH 27, 1956 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 F 214-68-9219 35 YRS MARYLAND 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 2929 BRINKLEY RD. APT.201 DIRECTOR TEMPLE HILLS PRINCE GEORGES RESIDENCE OF DECEDENT 10a. STATE 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY LIMITS? GUILFORD NORTH CAROLINA GREENSBORO 1 YES WIND FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4216 #e PARKER STREET 27405 UNITED STATES 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- RACE — American Indian, Black, White, afc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 X Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) BY 1 YES ZYNO 3 Widowed 4 Divorced Specify: BLACK COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b, KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 10TH GRADE NONE MAINTENANCE ENGINEER FOLGERS LIBRARY 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) THEODORE KEYS EVELYN CHRISTINE JOHNSON KEYS 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ACORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) EVELYN C. KEYS 6140 SOURREY SQUARE LANE #202 FORESTVILLE, MD.20747 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 1 💢 Burial 2 🗆 Cremation 3 🗀 Ramoval from Stafa 4 🗆 Donation 5 🗀 Other (Specify) T. HOPE CHURCH CEMETERY 9/16/91 NANJEMOY, MARYLAND 21. SIGNATUSE OF FUNERAL SERVICE LICENSEE

LYDIA C. THORNTON JOHNSON 22. NAME AND ADDRESS OF FACILITY THORNTON'S FUNERAL HOME, POMONKEY, MARYLAND 23. PART i. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory strest, Approximats ahock, or heart failure. List only one cause on each line interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition resulting in desth) NARCOTIC AND ALCOHOL INTOXICATION DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS 24s. WAS AN AUTOPSY AMAILABLE PRIOR TO COMPLETION OF CAUSE ATHEROSCLEROTIC CORONARY ARTERY DISEASE 1X YES 2 NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 X YES 2 NO OTHER: 4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 286. TIME OF 5:40a M 28s. OATE OF INJURY 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED FOUND:9/11/91 1 Natural 5 Pending UNKNOWN 1 YES 2 NO BY 2 Accident Investigation 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suictde COMPLETED 6 X Could not be 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 🔲 Homicide determined 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the ceuse(s) and manner as stated. one only MEDICAL_EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. NATURE AND TITLE OF CERTIFIER BE 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER lon O.C.M.E. SEPTEMBER 11,1991 9 RIME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) LARON LOCKE 111 PENN ST. BALTIMORE, MD. 21201 M.D.

32. REGISTRAR'S SIGNATURE

Archie Davidson Mandall

and a second

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16.91

SEP 0 3 1991

	1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH													
	AGNES		Ε.			KEJ	LLER			MONTH	5 9	02	YEAR 9	5.:20 AM
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs.	1	IF UNDER	R 1 YEAR	IF UNDER	R 24 HRS.	7. DATE	OF BIRTH		8. BIRTH	HPLACE (State or Foreign
	212-16-26		1 □ M 2 🔀 F	76	YRS.						06	14		RGINIA
	9a. FACILITY NAME (If not in											9c. COU	NTY OF D	
570	NORTH AR	RUNDEL	HOSPITAL	_ ASSOC	CIATIO	1	GL	EN B	URNI	E		A.A. COUNTY		
DIRECTOR	10e. STATE	10b. COUNTY	ſ		10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY
	MARYLAND		INE ARUN	NDEL		GI	LEN	BUR	NIE					1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER			02'			101	. ZIP CODI	-			10g. CITI	10g. CITIZEN OF WHAT COUNTRY?	
NE	7900 BENES	CH CI					21060 U.S.A							
FU	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	YES 2			If yes, spe	ecify Cuba	an, Maxicar	n, Puarto R	? (Specify Yea tican, atc.)	or No-	14. RACE Black	E — American Indian, k, Whita, atc.
ВУ	3 ₩ Widowed 4 □ Divo	rced	IF YES, GIVE W	AR OR DATES		1 TES 2 XNO Specify: Spec				WHITE				
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) 18b. KIND OF BUSINESS/INDUSTRY							1112.123							
COMPLETED	Elementary/Secondary (0		College (1-4 or 5 +		IIIe. Do NOT us	se retired.)		SI UI WUINI	10					_
MP	12		0	F:	HOUSE	WILL	S					OMEM	AKE	₹
	JAMES W.		νV				1				Hiddle, Maiden BOOT			
BE	19a. INFORMANT'S NAME (7)		1.1		10h MAII ING	ADDRES	e /Chmat s				per, City or Town		- 11	
٤	THERESA E		KMAN		314	B L	ORI	DRI	VE-C	GLEN	BURN	NIE,	MD.	21061
	METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State									own State				
	4 U Donation: 5 U Other	(Specify)	^	ME7	ADOWR!	TDGI	E CE	MET	ERY	1	ELK			
21. SIGNATURE OF CHIEFAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY RAYMOND C. FINK FUNERAL HOM														
	1 //0	m.	d. 10	my	ran									ME 21061 NIE,MD.
	23. PART I. Enter the di	seesed, or c	omplications the	t ceueed the	desth. Do r									Approximate
	IMMEDIATE CAUSE (Fin	gair iaima. r	List only one csu	ise on esch II	line.						LC.			Interval Between Onset and Death
	resulting in death) s. Chronic Tenal failure DUE TO (OR AS A CONSEQUENCE OF):													
	DUE TO (OR AS A CONSEQUENCE OF):													
ON		Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):												
AT	If any, leading to immed cause. Enter UNDERLY	NG		(On Ma A CO)	SECUENCE OF	·):								
IFIC	CAUSE (Disease or Injur that initieted evente		DUE TO	(OR AS A CONS	SEQUENCE OF	F):								
CERTIFICATION	resulting in death) LAST	r d	1											
	PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY PINDINGS													
MEDICAL	Ische	mi	be h	11 11	· 10	tile di	roomy mig) cause g	jivon in r		PERFDA	MED?	246.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
9	Mi	wel	Dead	06-	73-					-	1 YES 2	X) NO	i	DF DEATH?
		11.00	_3,200	(O Para						-				N/A
NA.	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					28. PL	ACE OF D	EATH (Che	ock only one)			IN/ A
/SIC	1 TES TO		HOSPITAL:	ER/Outpetient	3 DOA	OTHER		e 5 □ Re	sidenca f	8 🗆 Other	(Specify)			
PHYSICIAN	27. MANNER OF DEATH		28a. DATE OF (Month, Da		28b. TIME	E OF	28c. INJU	URY AT			CRIBE HOW IN	NJURY OCC	URED	
B∀	2 Accident	Pending Investigation				M	1 🗌 Y	'ES 2 [] NO					
		Could not be	28a. PLACE OF building,	F INJURY — At atc. (Specify)	home, farm, a	treet, facto	ory, offica	ı		28f. LOCA City o	TION (Street a	nd Number	or Rural R	oute Number,
COMPLETED														
MPL	(Check only	FYING PHYSIC	CIAN: To the best of	my knowledge,	death occurre	d at the ti	lme, deta	and place,	, and due t	to the caus	e(a) and man	ner as atale	ed.	
Ō.	2 MEDIC	-		reminetion and/o	or investigation	n, in my o	pinion, de	with occur	ed at the t	lime, data a	and place, and	d due to the	r cause(a)) and manner as stated.
BE	29b. SIGNATURE AND TITLE	# CERTIFIER		10	1			29c. LICE	NSE NUM			29d. DATE	SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	SE OF DEATH (TEM 27) (See	(hint)		U	103	362	9		7/	471
	BASANT K	KHAN	IDELWAL,	M.D./1	.600 CI	RAIN	HIG	HWAY	SW #	#201/	GLEN :	BURNI	Œ, N	MD. 21061

1017-1-1

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
De Nied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
10 THE FUNENAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hosp
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC	MENT OF H	EALTH AND I	MENTAL HYGIENE REG. NO.	91	25705			
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH		3. TIME OF DEATH			
		athias K	Cennedy			MONTH 60AY	1991	3:15A M			
1		and the second s		ONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		IPLACE (State or Foreign			
J		1X) M 2 □ F 75	YRS.			7-10-15		vland			
æ	9e. FACILITY NAME (If not institution, give sire	institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									
0	Memoria RESIDENCE OF DECEDENT	1 Hospit	al	East	con		Talbo	t			
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY			
	Maryland Queer	n Anne	Ste	vensvi	lle			LIMITS?			
₹	10e. STREET AND NUMBER				. ZIP CODE		10g. CITIZEN OF	4343			
FUNERAL	Buckingham Driv			2	1666		USA				
	11. MARITAL STATUS 1 Never Merried 2 Merried	THE DESCRIPTION OF THE PARTY OF				IIC ORIGIN? (Specify Yes on, Puerto Rican, etc.)	or No- 14. RACI	— American Indian, k, White, etc.			
В	3 🔀 Widowed 4 🗌 Divorced	TES	1 TYES	2 NO Specify		" White					
ED	15. DECEDENT'S EDUCA	TION	16a. OECEDENT'S US	BUAL OCCUPATION	ON .	16b, KIND OF BUSH					
ᆸ	(Specify only highest grade co										
MP	12	Research Technician Westinghouse C									
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malden S					
BE	Clarence M. Ker	nedy				nce Power	_	J			
5	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street e	nd Number or Rural F	Toute Number, City or Town,	State, Zip Code)	205			
	Irene McGough 3112 Holly St., Alexandria, VA 22305 20c. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of page 20c. LOCATION — City of Town States										
	20e. METHOD OF DISPOSITION 1 Burlal 2 Fremetion 3 Remove 4 Donation 5 Other (Specify)		tery, crematory or other	place)			ATION — City or To				
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISa	lisbury	Crema	tory	9-6 Sal	isbury	MD.			
18	> B. Kutt	Ph	,	Newn	am Fune	eral Home					
	22 PART I Enter the diseases as as	1-rygpm		200	S. Harı	rison St.	, EAst	on, MD.			
	23. PART I. Enter the diseeses, or cor ahock, or heert feliure. Lis	it only one ceuee on ea	the death. Do not ch line.	entar the mod	de of dying, auch	n ea cardiec or reepira	itory arreet,	Approximata Intervel Between			
H	IMMEDIATE CAUSE (Finel disease or condition		-	1				Onset and Death			
	reculting in daeth)	DUE TO (OR AS A CONSEQUENCE OF):									
z		The car country of laws 7									
5	Sequentially liet conditiona, if any, leeding to immediate OUE TO (OR AS A CONSEQUENCE OF):										
ERTIFICATION	CAUSE (Disease or Injury C.	P	uspei	Tel	cone	stel mel	Totaces				
늗	that initieted aventa reautiling in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):								
띩	d.		V								
٦	PART II. Other aignificant conditions of	contributing to death bu	t not resulting in t	the underlying	cause given in I	Part I. 24s. WAS AN AI	JTOPSY 24b.	WERE AUTOPSY FINDINGS			
할	COPD	sevas	0			PERFORM		AVAILABLE PRIDR TO COMPLETION OF CAUSE			
			1.00	7		1 ☐ YES 2 ☐	200	DF DEATH? 1 YES 2 NO			
z						_		,			
등	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	QSPITAL:			ACE OF DEATH (Che	ck only one)					
PHYSICIAN: MEDIC	1 YES 2 NO 1			THER: Nursing Home	5 - Reeldence	B ☐ Other (Specify)					
	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	28b. TIME O	F 28c. INJU	IRY AT	28d. DESCRIBE HOW INJ	URY OCCURED				
B	2 Accident Investigation			M 1 🗆 YI	ES 2 🗍 NO						
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specif)	- At home, term, stre	et, factory, office		281. LOCATION (Street end City or Town, State)	Number or Rural R	oute Number,			
	29e. CERTIFIER										
COMPLETED	(Check only	N: To the best of my knowled	dge, death occurred a	t the time, date of	end place, end due t	to the ceuse(e) end menne	or ee stated,				
- 4	2 MEDICAL EXAMINER:	on the penie of examination	end/or Investigation, I	n my opinion, de	ath occured at the t	ilme, date end placs, end d	due to the ceuse(s)	end menner es stated.			
쀪	TO LITURE AND TITLE OF CERTIFIER	D. D.	1.00		29c. LICENSE NUM	BER 2	9d. DATE SIGNED	(Month, Day, Yper)			
2	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF STA	1		7078	24	650	sten por 1			
	ALBERT D	Ala Maria	J777	50	1 11	CHIMIT	AULI	306			
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNAT	URE	2	ASTON	MITRY	LAWD	21601			
	SEP 09 1991	Si a lavidson	- Andre		1						
_			-								

2012 1:

TO BE COMPLETED BY FUNERAL DIRECTOR

1. DECEDENT'S NAME (First, Middle, Last)								2. DAT	E OF DEATH	-		3. TIME OF DEATH
Mabel B1	lain Kl	epping	er			MACANTAL MAN			12:12 p.			
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la		IF UNDER	1 YEAR	IF UNDE	11 24 HRS.				IPLACE (State or Foreign	
211-12-0678	1 🗆 M 2 😿 F	86	YRS.	MONTHS	DAYS		MIN.	(Mo	nth, Day, Year)		Count	(Y)
9s. FACILITY NAME (If not institution, give		_ 00		9b. CITY	TOWN	OR LOCAT	ON OF DE		5-05	Las cou	Enc	land
Memorial Hosp	oital			E	ast	on	ON OF DE	AIR			lbo	
RESIDENCE OF DECEDENT 100. STATE 100. COUNT	Y		T 40+ 017	V 70101 0								
			10c. C11	Y, TOWN C	PH LOC	ATION						10d. INSIDE CITY LIMITS?
Maryland Tall	oot		E	asto	_							XX YES 2 NO
201 Federal St	treet, A	Apt. 65	5		,	216				USZ		WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDED	T EVER IN U.S. AF	RMED	13. 1	WAS DE	ECENDENT (OF HISPAN	IIC ORIG	IN? (Specify Yes	or No-	14. RACE	- American Indian,
1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE	MAR OR DATES				S 2 X NO			Rican, etc.)		Spec	k, White, etc.
_*	1											ite
15. DECEDENT'S EDI (Specify only highest grad	completed)	(G	CEDENT'S	work done o	SCUPAT	TION nost of worki	ng	16	b. KIND OF BU	SINESS/INC	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	*/	Do NOT us									
17. FATHER'S NAME (First, Middle, Last)	0	Bo	okke	eepe	r			1	Varrow	Fal	oric	Co.
Robert Blain									Middle, Malden			
19a. INFORMANT'S NAME (Type/Print)			-						n Ann			
Alan E. Kleppi	nger								nber, City or Tow			21601
		20b. PLACE					COII					21601
20a METHOD OF DISPOSITION 1	noval from State	cemetery cre	matrov or n	ther nincel				1		CATION —		
4 Donation 5 Other (Specify) Solomons Church Cemetery 8-29 Macungie, PA 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
Newnam Funeral Home												
JOHN R	MERCI			2	00	S. I	Harr	isc	n St.	- E2	Asto	n, MD
23. PART I. Enter the diseases, or ahock, or heart failure.	Complications the	t caused the de	ath. Do n	not anter	the m	ode of dy	ing, aucl	an ca	dlac or reapi	ratory an	est,	Approximate
IMMEDIATE CAUSE (Final	and only one out	100 Oil dacii lilig										Interval Between Onset and Death
disease or condition resulting in death)	. ACU	TE M	NYI	CAC	27	AL		ALE	DRC	TIA		440
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DUE TO	(OR AS A CONSE	DUENCE OF	F):		7.11		V	14140	, , ,	•	
	b.											
Sequentially liet conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC	DUENCE OF	F):								
CAUSE (Disease or Injury	с											
that initiated events	DUE TO	(OR AS A CONSEC	DUENCE OF	7:								
resulting in death) LAST	d											
PART II. Other significant condition	a contributing to	death but not s	neultine i	- 10	al a sala al a							
	- Continuenting to	doath but libt l	asulting i	n the un	aeriyir	ng cause g	iven in i	Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
									1 - YES 2	□× 6		COMPLETION OF CAUSE OF DEATH?
									}			1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					LACE OF D	EATH (Che	ck only o	ne)			
1 TES 2 NO		ER/Outpetlant 3	□ DOA	OTHER 4 - Nursi		me 5 🗆 Re	aldence (6 🗆 Oth	er (Specily)			
27. MANNER OF DEATH	28a. DATE OF (Month, D		28b. TIME			JURY AT ORK?		28d. DE	SCRIBE HOW IN	JURY OCC	URED	
1 Natural 5 Pending Investigation				М	1 🔲		NO .					
3 Suicide 8 Could not be	26s. PLACE O building,	F INJURY — At horate. (Specify)	me, farm, ø	treat, facto	ry, offi	Ce		28f. LOC	CATION (Street a	nd Number	or Rural R	oute Number,
4 Homicide determined								City	or rown, State)			
29a, CERTIFIER CERTIFYING PHYSI	CIAN: To the best of	my knowledge, de	eth occurre	d at the tin	ne, date	and place	and due	to the ce	use(e) and men	ner ne elek	4	
one) 2 MEDICAL EXAMINE	R: On the beals of a	amination and/or i	nvestigation	n, in my op	Inlon,	death occur	ed at the t	lme, date	and place, and	dua to the	ru. I Cause(a)	and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE						,	NSE NUM					(Month, Day, Year)
201225)							> 5	2	D-A			
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH (ITEM	1 27) (Type.	Print)					- 3	4		-0
Stephen P. Ca					7 . 1	A 3-		-				
31. DATE FILED (Month, Day, Year)	32. REGIŞTRA	R'S SIGNATURE	2 1	ател	ATT	u AV	e	<u> Ea</u>	ston.	MD	216	01
AUG 28 1991	guha	SSIGNATURE	andol	6								
				-								

Administration (Physics A)

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2	Š	3: A	r de
?	H	P	atte
Consider the Court of Box 66/60,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
•	IAL	AL	2
	SPI	NER	PE .
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	표	X.	filed
	2	2	8

1 - STATE REGISTRAR	STATE OF MA	RYLAND / D	EPAF RTIF	ICATI	OF F	DEAT	AND	MENTA	HYGIEN REG. NO		11	25/0/
1. DECEDENT'S NAME (First, Middle, Last, HAROLD	, k	7			L	W		MONT	E OF DEATH D		YEAR 991	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 221 - 0 7 - 4847 9a. FACILITY NAME (If not institution, give	1 📈 M 2 🗆 F	AGE (In yrs. lest b	YRS.	IF UNDER	DAYS	IF UNDER	MIN.	7. DATE	об виятн ф. Бак Чеар Н 9, 19		8. BIRTH	PLACE (State or Foreign NGION, DELAWA)
Peninsula Cenera				96. CITY		iobu		EATH			INTY OF DE	
10a. STATE 10b. COUN'			10c. CITY, TOWN OR LOCATION MILLSBORO						10d. INSIDE LIMITS: 1 \square YES			
100. STREET AND NUMBER RT.# 6 BOX 66			101. ZIP CODE 10g. CITIZEN OF USA							3.5		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	AE2 5 TVINO	MED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or If yes, specify, Cuban, Maxican, Puerto Rican, etc.) 1 ☐ YES 2 ☒ NO Specify.						or No-	No— 14. RACE — American Indian, Black, White, atc. Specify: WHITE		
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) UNKNOWN	cottege (1-4 or 5+)			n. Do NOT use retired.)					16b. KIND OF BUSINESS/INDUSTRY DuPONT OO.			WILLIE
DAVID Y. LOW	EVALENA D. KIRBY											
19a. INFORMANT'S NAME (Type/Print) LAURA VIRGINIA LOW	RI	.6 I	AlLINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6 BOX 66, MILLSBORO, DELAWARE 19966									
20a. METHOD OF DISPOSITION 1 Burlal 2 December 2 Ren 4 Donation 5 Other (Specify)		CAPE HEN	LOPE	N CRE	MATO	RY.	8/31,		FRAN	IKFORD	DELAW	IARE
21. SIGNATURE OF STRENAL SERVICE LI	3 Kels	2)		22. 1	NAME AN	D ADDRES	S OF FA		ELSON FU			CES DRO, DELAWARE
shock, or heart fillium. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): My cardial Impare/row Due to (or as a consequence of): My cardial Impare/row Due to (or as a consequence of): Cause. Enter UNIDERLYING CAUSE (Disease or injury that initiated events Due to (or as a consequence of): Due to (or as a consequence of): Cardial Impare/row Due to (or as a consequence of): Cardial Impare/row Due to (or as a consequence of): Cardial Impare/row Due to (or as a consequence of): Cardial Impare/row Due to (or as a consequence of): Cardial Impare/row Due to (or as a consequence of): Cardial Impare/row Due to (or as a consequence of):								Interval Betwee				
	ath but not rase	resulting in the underlying cause given in Part i						desease			WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	NOSPITAL:	/Outpatient 3 🗆	DOA	OTHER	:	S Res						
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJ (Month, Day, Y	bar)	8b. TIME INJ	OF URY M	28c. INJU WOF	RY AT	NO		SCRIBE HOW IN	JURY OCC	CURED	
3 Suicide 8 Could not be determined	28s. PLACE OF IN- building, etc.	JURY Al home, (Specify)	łarm, s	treet, facto	ry, office			281. LOC. City	ATION (Street a or Town, State)	nd Number	or Rural Ro	ute Number,
29a. CERTIFIER (Check only one) CERTIFYING PHYS	ICIAN: To the best of my	knowledge, death nation end/or inve	occurre atigation	d at the tir	ne, date o	end place, a	and due	to the cau	and place, and	ner as stat	ed. a cause(a) (and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE	man.	e				29c. LICEN						Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	614CE	Astery :	-1		Drie	· ·	SAL	rsbu	uy, 1	nd	21)	PO/
SFP 05 '91	32. REGISTRAR'S								1)			

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DECEDENT'S NAME (First, Middle, Last)			ICATE O		REG. NO. 2. DATE OF DEATH MONTH DAY	YEA					
VIRGINIA	- ary -	0007	EIZMA		9 3	9/	121 A				
SOCIAL SECURITY NUMBER 221-05-9834	5. SEX 6.	AGE (In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		RTHPLACE (State or Foreign puntry)				
FACILITY NAME (If not institution, give s	treet end number)	,,	EATH	9c. COUNTY C							
PENINSULA GENE	RAL HOSPIT	AL	SA	LISBURY		WICOM					
a. STATE 10b. COUNTY	1	10c, C/1	Y, TOWN OR LOC	ATION		-	10d. INSIDE CITY				
De. Susse	X	De1	mar				1X YES 2 NO				
e. STREET AND NUMBER				of. ZIP CODE			OF WHAT COUNTRY?				
611 E. Grove St.	12. WAS DECEDENT E	VED IN U.S. ADMED	40 400 0	19940	NIC ORIGINA (S M. V	USA					
Never Married 2 Married	FORCES? 1	YES 2 NO	If yes,		NIC ORIGIN? (Specify Yee o an, Puerto Ricen, atc.)		RACE — Americen Indien, Black, White, atc. Specify:				
Widowed 4 Divorced	ir 120, GIVE WAR	OH DATES	''''	5 Z4L NO Spec	ry.		WHITE				
15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S (Give kind of	USUAL OCCUPA work done during se retired.)	TION most of working	16b. KIND OF BUSI	NESS/INDUSTR	TY .				
Elementary/Secondary (0-12)	College (1-4 or 5+)	Homem			Home	2					
: FATHER'S NAME (First, Middle, Last)		nomen	akei	18. MOTHER'S N		First, Middle, Maiden Surname)					
Oliver Cook					Bowen Cook	,					
e. INFORMANT'S NAME (Type/Print)					Route Number, City or Town,		n)				
Robert T. Locker		611 E	. Grove	St. Deli	nar, De. 199	940					
Buriel 2 Cremetion 3 Rem	oval from Stale	20b. PLACE AND DAT of cemetary, cremator	v or other place)			ATION — City of					
□ Donation 5 □ Other (Specify) SIGNATURE OF FUNERAL SERVICE LIG		St. Steph		etery		nar, De	2.				
SIGNATURE OF FUNERILE SERVICE EN	1	4	Shor	t Funeral	l Home, Inc.						
Milliam 11	· thon	/			Delmar, De)				
23. PART I. Enter the diseases, or complicatione thet caded the deeth. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or heert fellure. List only one ceuse on each line. Approximation interval Bellure.											
MMEDIATE CAUSE (Finel	14/70	ACEREAN	110 1-	6 . 17701			Onset and De				
esulting in deeth)	17 1		9-34								
	DUE TO (OR AS A CONSEQUENCE OF): HYPER TENSION										
Sequentially list conditions, If any, leading to immediate											
CAUSE (Disease or Injury											
that initiated events resulting in deeth) LAST											
d											
ART II. Other significant condition	ns contributing to de	eth but not resulting	in the underly	ing cause given i	n Part I. 24e. WAS AN / PERFORI		24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO				
					1 _ YES 2	₽N0	OF DEATH?				
			26	PLACE OF DEATH //	Sheck only one)						
S. WAS CASE REFERRED TO MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
			4 C Harang I			Other (Specify) 1. DESCRIBE HOW INJURY OCCURED					
EXAMINER?	1 in Inpatient 2 E	JURY 28b. TI		NJURY AT	28d. DESCRIBE HOW IN	JOH! OCCORE					
EXAMINER?	1 to Inputient 2 - E	JURY 28b. TI	JURY	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW IN	SONT OCCURE					
EXAMINER? 1	28e. DATE OF IN (Month, Day,	JURY Year) 28b. TI IN	M 1 [WORK? YES 2 NO	281. LOCATION (Street a. City or Town, State)						

AND TITLE OF CERTIFIER

29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Year) 3/91

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

BELLIS EDWIN H.

560 Riverside Drive, Salisbury, Md. 21801

SFP 0 4 91

2

32. DEGISTRAR'S SIGNATURE

61-64125 10

		FOR
1		STATE
U	_	REGISTRAR

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	SIAIE UF MARY	CERTIF					HYGIEN REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Last)				0. 5.		2. DATE OF	DEATH			3. TIME OF DEATH
THOMAS	MICHAEL	LEAVIT'	r, II			MONTH 0.8	23		9 9 1	1:30 PM
4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday) YRS.	IF UNDER 1		UNDER 24 HRS. URS MIN.	7. DATE OF				PLACE (State or Foreign
9a. FACILITY NAME (If not institution, give a Boat Ramp at t]	treet and number)		9b. CITY, 1	TOWN OR LO	OCATION OF DE		.4-1)		INTY OF D	- 24
200 hlk Nant	icoke Stre	et	Mid	dle i	River			Ra	1tir	nore
10a, STATE 10b, COUNT	100		Y, TOWN OR							
Maryland Ba	altimore			e Ri	ver					10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER				101. ZIP	CODE			10g. CIT	IZEN OF V	HAT COUNTRY?
2244 Southorn	Road				212	20			US.	A
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 1 YE IF YES, GIVE WAR OR	3 2 NO	2 NO If yes, specify Cuben, Maxican Puerto Sican etc. Black White etc.							
15. DECEDENT'S EDU- (Specify only highest grade	CATION completed)	18a, DECEDENT'S (Give kind of v	USUAL OCC	UPATION	working	16b. KI	IND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT us	e retired.)		-					
17. FATHER'S NAME (First, Middle, Last)	4	Comput	er P						orp	oration
William		Leavi	++		MOTHER'S NAM	AE (First, Mide	dle, Maiden	Surname)		
19a. INFORMANT'S NAME (Type/Print)					lice					
Daniel Leavitt		4 Sto	newo	od D	mber or Aurel A	oute Number, Hudso	City or Town	State, Zip	Code)	shire 03051
20s. METHOD OF DISPOSITION 1 □ Burial 2 № Cremation 3 □ Rem		b. PLACEAND DATE	F DISPOSIT			DATE	7		City or Ton	
4 Donation 5 Other (Specify)	0 I	altimor	e-Wa				8/2	7 I	aure	el, MD
22. NAME AND ADDRESS OF FACILITY Slack Funeral Home M00535 Ellicott City, Maryland 21043										
23. PARTAL Enter the diseases, or o shock, or heart feliure.	complications that cause	ed the death. Do n	ot enter th	ne mode of	f dying, such	ss cerdied	or respir	etory sri	rest,	Approximete
iMMEDIATE CAUSE (Finel disease or condition resulting in death)	Dr	いろってい	_ 1							Interval Between Onset and Death
	DUE TO (OR AS	A CONSEQUENCE OF	ب							
Sequentially list conditione, if any, leeding to immediate csuse. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):							
CAUSE (Disesse or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF	3.							
resulting in deeth) LAST	4.		,							
PART il. Other eignificent condition	s contributing to death	but not resulting i	n the unde	dulan and	on plant to D					1
		and the food ting to	in the unde	mynig ceu	ise Aiseu iii L		PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
						- 1	VES 2	□ NO		OF DEATH?
						-				1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PLACE (OF DEATH (Chec	k only one)				
1 XYES 2 NO	HOSPITAL: 1 Inputient 2 ER/Out	patient 3 DOA	OTHER:		Residence 6		paciful 1	n tr	ater	
27. MANNER OF DEATH	28s. DATE OF INJURY	26b. TIME	OF 28	c. INJURY A		28d. DESCRI				
1 Natural 5 Pending Accident Investigation	Found (North Day, Year)	191 F 60	T d	1 YES	2 X NO	Subi	ect	Drov	rnod	
3 Suicide 8 Could not be	28e. PLACE DF INJUR building, atc. (Spe	Y - At home, farm, st	reet, factory	, office		26f. LOCATIO	ON (Street ar	nd Number	or Rural Ro	
4 Homicide datarminad	in wat	er				Rear	O I	Rive	er W	atch Rest
29a. CERTIFIER (Check only one) 2 CHEDICAL EXAMINER	CIAN: To the best of my known on the basis of examination	wledge, death occurre	d at the time	, data and p	elace, and dua to	the cause(a) and man	or an stat	ed.	and manner as stated.
296, SIGNATURE AND TITLE OF CERTIFIER	1 1 h	. 0			LICENSE NUMB					Month, Day, Year)
11 (my~	(rote 1)			0	. C . M . I	E.		.	8	24 1991
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE			****						
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGI	NATURE	ин 8	rree	с. ва	LEIM	ore	Mary	lan	d 21201
SEP 3'91	This Jaydran	Panela 80								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

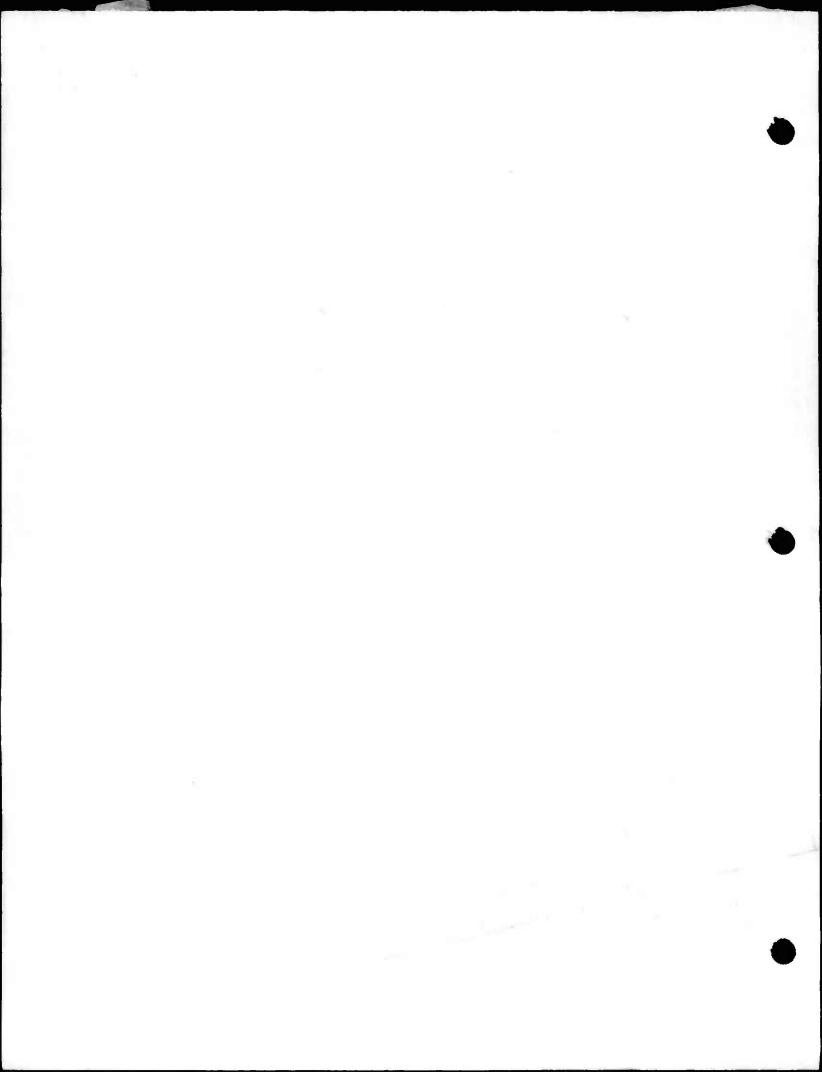
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

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3	2	4
es that the death certincate be executed within 24 wouls after death. Page 6 may be retained by the r	gned by the attending physician and completely filled in by the funeral director, page 5 should be deta latth and Mental Hyglene prior to burial, cremation, or removal.	
ay be	page 5	
age 6 m	director.	
Jeath. P	funeral	
ащег с	noval.	
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47	P. P.	
WITHIN	pletely	4
ecuted	gned by the attending physician and completely filled in by the falth and Mental Hygiene prior to burial, cremation, or removal.	
ě	5 5	
cate De	hysicia e prior	
Certifi	iding p	
death	e atter	
E E	E S	
that	th an	
es	Part	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL	HYGIENE REG. NO.		1	2011-
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O	F DEATH		3.	. TIME OF DEATH
	Gene Marie	Lynch				Septe	mher		AR 1	3:45 p ™
				FUNDER 1 YEAR	F UNDER 24 HRS. HOURS MIN.	7. DATE O		0.1		ACE (State or Foreign
	-00 00 0000	□ M 2 X F	63 YRS.	0.00	-23520	May 1	8, 19			ont, WV
3	9a. FACILITY NAME (If not institution, give street	•			R LOCATION OF DE			9c. COUNTY	OF OEAT	тн
ě	NIH, THE CLINICAL C	ENTER	I	Bethesd:	a, Maryl	and		Montg	ome	ry
<u> </u>	10a. STATE 10b. COUNTY	-	10c, CITY, 1	TOWN OR LOCAT	ION				10	Od. INSIDE CITY LIMITS?
片	Maryland Montgom	ery	Silve	er Spri	ng				_ 1	YES 2 NO
1 P	10e. STREET AND NUMBER			101.	ZIP CODE			10g. CITIZEN	OF WH	AT COUNTRY?
FUNERAL DIRECTOR	3323 Weeping Willow	Ct. #22			20906			USA		
ᅙ	11. MARITAL STATUS 12 1 Never Married 2 Married	. WAS DECEDENT EVER IN FORCES? 1 X YES	2 NO	If you, spe	ENDENT OF HISPAN ecify Cuban, Mexica	in, Puarto Ri		or No— 14.		– American Indian, White, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES	1 TYES	2 NO Specify	у:			Specify:	White
6	15. DECEDENT'S EDUCATION (Specify only highest grade com-	ON soleted	16a. DECEDENT'S US	UAL OCCUPATIO	N et of working	16b. I	KIND OF BUS	NESS/INDUST	(RY	
COMPLETED		College (1-4 or 5+)		k done during mod etired.)						
M	12th Grade n/	a	Monitor 3	Tech. T		_	spita.			
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA					
H	Earl Eugene ()rr	10h MAN ING AL	DDBESS /Street o	Lenore				ela)	
2	Sheila Shea (daug	hter)			Ln, Gait					20877
	20a, METHOD OF DISPOSITION	206.	PLACE OF DISPOSIT			Herbb		ATION - City		
	1 Burial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)		other place) Fort Linc	oln Cem	neterv		Bren	twood	. Md	1.
	21. SIGNATURE OF PUNEMAL SERVICE LICENS		1/4	22. NAME AN	D ADDRESS OF FA					
	1 lenk &	11/10	N	11866/	N.H. Ave	erune:	ral Ho iIver	me Spring	3, M	1d. 20904
	23. PART i. Enter the diseases, or com			enter the mo	de of dying, suc	h ae cardi	ec or respin	atory arrest		Approximate
	shock, or haart failure. List iMMEDIATE CAUSE (Final									interval Between Onset and Daath
	disease or condition resulting in deeth)	METAST	ATIC C.	ances	To	LUN	6-			6 weeles
- 1	The state of the s	DUE TO (OR AS A	CONSEQUENCE OF):				3			
ON	Sequentially liet conditions,	DUE TO (OR AS A SQUAMOU DUE TO (OR AS A	CONSEQUENCE OF:	HEAD	+ NEC	cic (ance	1		4 MONTHS
CERTIFICATION	ceuse. Enter UNDERLYING	3.5 0. (0.00								
Ĭ.	CAUSE (Disease or injury that initieted evente	DUE TO (OR AS A	CONSEQUENCE OF):							
	resulting in deeth) LAST									
	PART ii. Other aignificant conditions c	ontributing to death br	rt not resulting in	the underlying	cause given in	Part i.	24s. WAS AN	AUTOPSY	24b. V	WERE AUTOPSY FINDINGS
CAL							PERFOR		C	AVAILABLE PRIOR TO COMPLETION DF CAUSE
밃						_	1 U 7E3 2			OF OEATH?
≥										
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	neck only one)			
JS	1 YES 2 NO	OSPITAL: X Inpetient 2 ER/Outpe	ntient 3 🗆 DOA 4	OTHER:	e 5 🗆 Residence	8 🗆 Other	(Specify)			
E	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (WO WO	RK?	28d, DE\$0	CRIBE HOW II	JURY OCCUP	ED	
B	1 Natural 5 Pending 2 Accident investigation				res 2 No					
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, str fly)	set, factory, offic	•		TION (Street a r Town, State)	nd Number or	Rural Rot	ute Number,
ᇦ	29a. CERTIFIER			· · · ·						
COMPLETED	(Check only one) 298. CERTIFYING PHYSICIAL (Check only one) 2 MEDICAL EXAMINER: C	- 37111111111111111111111111111111111111								and manner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIER			m my opinion, a			and place, an			the state approach
H	290. SIGNATURE AND TITLE OF CENTIFIER	. 0. H	A		29c. LICENSE NUI		42-	D G	W LO	Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, P	trient)	1217-3	7-1	727	71	719	
		cever 1	4 1		ckville	Piba	Roth	2042	M.1 '	20802
	31. DATE FILED (Month, Day, Year)	32. PEGETRANS SIGN	ATURE AGANCA)	CAVIIIE	TKE	pern	-saa,	Md /	~NO4/
	SEP 10 '91	1 Townson (M)	-							



FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CENTIF	ICALE OF	DEATH	REG. NO		
1. DECEDENT'S NAME (First, Middle, L	Alvey	Lu	im.		2. DATE OF DEATH		3. TIME OF DEATH 9:05 P
4. SOCIAL SECURITY NUMBER 220-28-3231	5. SEX 6. AGE	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb. 14, 1	934 Ma	ATHPLACE (State or Foreign untry) Aryland
90. FACILITY NAME (If not institution, g	STATE DODGE.			OR LOCATION OF D		9c. COUNTY OF	F DEATH
RESIDENCE OF DECEDEN			1100	LICK	1200021010		
10e. STATE 10b. CO			y, town or loca ederick	TION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 606 East Patr	ick St.		10	1. ZIP CODE 21701			F WHAT COUNTRY?
10e. STREET AND NUMBER 606 East Patr 11. MARITAL STATUS 1 Never Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	If yes, s	CENDENT OF HISPA recity Cuben, Mexico 3 2 NO Special	NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.) fy:		ACE — American Indien, lack, White, atc. pecify: White
15. DECEDENT'S (Specify only highest (Specify only highest (December 12) 12 12 17. FATHER'S NAME (First, Middle, Last		16s. DECEDENT'S (Give kind of life. Do NOT us	USUAL OCCUPATO work done during more retired.)	ON past of working	16b. KIND OF BU	SINESS/INDUSTRY	Y
12		Carpe	enter			Construc	ction
	•				ia Hammers:		
100 INFORMANT'S NAME (Type/Print)	Dan	19b. MAILING	ADDRESS (Street		Route Number, City or Tow		
Terri Ann Long		Rfd	. 3 Box	26B, Wi	lliamsport	, Md. 2	21795
20a. METHOD OF DISPOSITION 1V Burlel 2 Cremation 3 4 Donation 5 Other (Specify)		ob. PLACE AND DAT of cemetary, crematory Rest Hav	or other place)	·	DATE 200. LO	•	
21. SIGNATURE OF FUNERAL SERVICE	st, Jr. John	04.40	22. NAME A	ND ADDRESS OF F	ACILITY 7.CO.	TI E CO O	4 2 1 D21-
23. PART i. Enter the diseases,	(1,000)	2.000 N	DADI	r ordiran	HOME, Book	nsboro,	Md. 21713
IMMEDIATE CAUSE (Fine) disease or condition resulting in death)	a. Lung DUE TO (ON AS	Carcina A CONSEQUENCE O	noma			Ay	interval Between Onset and Des Oprox 3 week 2 days
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Cardiec DUE TO (OR AS C. Hyper DUE TO (OR AS	A CONSEQUENCE O	F): Lb.hem	اند			4 Lay
PART II. Other significant cond		but not resulting	in the underlying	ng cause given in	Part I. 24a. WAS APPERFO	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC. EXAMINER? 1 UPS 2 NO 27. MANNER OF DEATH	HOSPITAL:	utpatient 3 🗆 DOA	OTHER:	TLACE OF DEATH (C	6 Other (Specify)		
	28a. DATE OF INJURY (Month, Day, Year		AE OF 28c. IN	JURY AT ORK? YES 2 NO	26d. DESCRIBE HOW	INJURY OCCURE	D
2 Accident Investigat 3 Suicide 6 Could no 4 Homicide determin	28e. PLACE OF INJU- building, etc. (Si	RY — At home, farm, becify)	street, factory, off	ce	261. LOCATION (Street City or Town, State		ral Route Number,
(onton only	PHYSICIAN: To the best of my known in the best of examinate the be						se(e) end manner as stated.
296. SIGNATURE AND TITLE OF CER	TIFIER	0		29c. LICENSE NU	JMBER	29d, DATE SIGI	NED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CALLES CO.	MANUATEM OT A	Drint)	D36	701	7-	10-91.
S 13 m H	H. U.	TS C	- H	SIN	HTI	Hous	E.A.C.
31. DATE FILED (Month, Day, Year)	June Davids	MATHAMARE	-			下下と	TELICHI

STATE OF	MARYLAND /	DEPARTMENT	OF I	HEALTH	AND	MENTAL	HYGIENE
	CE	RTIFICATE	OF	DEAT	TH_		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /			HEALTH AND	MENTAL HYGIEN	E	1 20112
1	1. DECEDENT'S NAME (First, Middle, Last)		ENCE			2. DATE OF DEATH MONTH 9 - 16		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212-14-6921	5. SEX 6. AGE (In yrs. lest	YRS. MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	1	1905 Å	RTHPLACE (State or Foreign ountry) IARYLAND
OR	9a. FACILITY NAME (If not institution, give a WASHINGTON COL	and the second	100	HAGERS	OR LOCATION OF DI	EATH	WASH	INGTON
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND WAS	, SHINGTON		OWN OR LOCA				10d. INSIDE CITY LIMITS? 1 YES 2XXNO
	100. STREET AND NUMBER 2437 PENNSYLVAN		117101		1. ZIP CODE 21742			OF WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARA FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	MED	If yes, s	CENOENT OF HISPAI	NIC ORIGIN? (Specify Yea in, Puarto Rican, etc.) y:	or No.— 14.1	RACE — American Indian, Black, White, etc. Specify:
COMPLETED	15. DECEDENT'S EDU (Specily only highest grade Elementary/Secondary (0-12) 11	College (1-4 or 5+) (Gh	ve kind at work Do NOT use re	JAL OCCUPATION of the done during method.)	oat of working	VENDTNO		
COM	17. FATNER'S NAME (First, Middle, Last)		OIC III	3011 01	18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
TO BE	WILLIAM 19a. INFORMANT'S NAME (Type/Print)	EMORY LUM	, MAILING AD	DRESS (Street		SIE EDITH Route Number, City or Tow		
10	ALICE D. LUI			ENNSY		AVE, HAGEF		,MD. 21742
	1 ABurial 2 Cremation 3 Rem	oval from State 200. PLACE PLA	HAVEI	V CEMI				OWN, WASH.,
mental examiner	21. SIGNATURE OF FUNERAL SERVICE LIN	Brady			ND ADDRESS OF FA EW K. CI AST ANT	OFFMAN FL IETAM ST.	JNERAL ,HAGE	HOME, INC RSTOWN ,MD
event, me meur	23. PART I. Enter the diseases, or shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Conjulate But TO (OR AS A CONSECTION B. Conjulate But TO (OR AS A CONSECTION B. Conjulate But TO (OR AS A CONSECTION B. Conjulate But To (OR AS A CONSECTION B. Conjulate But To (OR AS A CONSECTION B. Conjulate But To (OR AS A CONSECTION Bu					iratory arrest,	Approximete Interval Between Onset and Death Week 3 Assay
ATION	Sequentially list conditions, if any, leading to immediate cause, Entar UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSEQ	NUENCE OF):	den	faseten	•		3 days
ERTIFIC	that initiated events resulting in daeth) LAST	DUE TO (OR AS A CONSEC	NUENCE OF):					
CAL	PART II. Other algorificent condition Dehrydes Disputes	the contributing to death but not re then there to treat hete produces				Part I. 24a, WAS AN PERFO!	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 PRO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. F	PLACE OF DEATH (C	neck anly one)		
PHY	1 Ves 2 No 27. MANNER OF DEATH 1 Natural 5 Pending	1 Description 2 ER/Outpetient 3 28a. DATE OF INJURY (Month, Day, Year)	DOA 4	Nursing Ho	JURY AT ORK? YES 2 NO	8 Other (Specify) 28d. OESCRIBE NOW	INJURY OCCURE	ED
LETED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28s. PLACE OF INJURY — At hos building, etc. (Specify)	me, farm, stre			28f. LOCATION (Street City or Town, State)	and Number or R)	tural Route Number,
COMPLE	one)	ICIAN: To the best of my knowledge, de ER: On the besis of axamination and/or t						use(s) and manner as stated.
TO BE CO	296. SIGNATURE AND TITLE OF CERTIFIE REMUELL 30. NAME ANO, ADDRESS OF PERSON WI	R E. Smith was TO COMPLETED CAUSE OF DEATH (ITE	O.	int)	DIO 7	MBER 745	29d. DATE SIG	GNED (Month, Day, Year)
	Richard E. 31. DATE FILEO (Month, Day, Year)	Smith, M.D.	1708	Dak	Hill	que. Hay	erstow	u, led 2/74
	SEP 13'91	32. REGISTRAR'S SIGNATURE	02					

		1 - FOR STATE REGISTRAR	STATE OF MARYLAN	CERTIF	FICATE OF	HEALTH AND	MENTAL HYG		31 23713
	\	1. DECEDENT'S NAME (First, Middle, Last) 1. A COCIAL SECURITY NUMBER		nn			2. DATE OF DEAT	TH DAY	YEAR 4:45 PM
P)	4. SOCIAL SECURITY NUMBER 220-18-2235 99. FACILITY NAME (If not Institution, give str	1 M 2 X F 66	iest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIH.	7. OATE OF BIFTT (Month, Day, Yo	1925	s. BIRTHPLACE (State or Foreign Country) Maryland
Alexander	СТОВ	May Ding ton C RESIDENCE OF DECEDENT		14-0Q		erstown	DEATH		ry of DEATH hington
permit. Pages	L DIRE	Maryland Washi	ington		ry, town on Local lagers to	wn			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
ian. transit	FUNERAL	2377 Pennsylvania				21740			USA
oding Is the	D BY FU	1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	Il yes, s		ANIC ORIGIN? (Specificen, Puerto Rican, etc lift):		14. RACE — American Indian, Black, White, etc. Specify: White
D 21 spital or ed for u	COMPLETE	15. DECEDENT'S EDUC; (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5+) O	life. Do NOT u	usual occupat work done during n ise retired.)	ION post of working	16b, KIND O	F BUSINESS/INDU	STRY
YLA by the be det	BE CO	17. FATHER'S NAME (First, Middle, Last) Harry Nelson Stic	kell			Mi11:	AME (First, Middle, Me ie Biser		
E, MA y be retain yage 5 sho be notifi	٩	190. INFORMANT'S NAME (Type/Print) Tessa J. Swope 200. METHOD OF DISPOSITION		2377	Pennsy:	lvania A		rstown,	Md. 21740
e 6 m rector,		1 Sturiel 2 Cremetion 3 Remote 4 Donetton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	rai from State cometer Re	st Hav	of Disposition (Another place) en Ceme	tery ND AODRESS OF F	9/14 H	agers to	wn, Maryland
m - 27		2cost	Mis	rine	MINN:	ICH FUNER E. Wilson	RAL HOME Blvd.,	Hagerst	own, Md. 2 1 740
executed within 24 hours after and completely filled in by the oburial, cremation, or removinative event, the medical		IMMEDIATE CALICE (Final	Respinal DUE TO FOR AS A COL DUE TO FOR AS A COL DUE TO FOR AS A COL	line.				- 0.0	Interval Between
ficate be physician ne prior be traur	ERTIFICATION	rr any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A COL			re (un	due or ory	Dus	ere Yeons
death death e atten lental H	CERT	resulting in death) LAST d.							
र बर्क का प्र	MEDICAL	PART II. Other significant conditions Andering & Chrost	Condis-V	or resulting	In the underlying	ig cause given in	PEF	S AN AUTOPSY REORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
has Dep	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. P	LACE OF DEATH (C)	heck only one)	_	
SICIAN: certifica the St.	PHYSIC	. C	HOSPITAL: Inpatient 2 ER/Outpatien 28e. DATE OF INJURY	t 3 □ DOA		ne 5 🗆 Residence	8 Other (Specify) 28d. DESCRIBE HO		
ATTENDING PHYSICIAN: ECTOR: After this certifical s after death with the St 128 is marked, or in	ВУ Р	Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	M 1	YES 2 NO			
OR ATTENDING PHYS DIRECTOR: After this hours after death with	ETED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — A building, etc. (Specify)				City or Town, S	tate)	Rurel Route Number,
HOSPITAL FUNERAL Within 72 FANT: #	COMPLE	(Check only CERTIFYING PHYSICI	AN: To the best of my knowledge On the besie of exemination and	, death occum	ed at the lime, dete	end place, end due seath occured at the	to the cause(e) end	manner as stated.	couse(e) end menner se atated.
TO THE HOSPI TO THE FUNER be filed within	TO BE	\sim	Joda	m	D.	29c. LICENSE NU	4262	29d. DATE	GNED (Month, Day, Year)
		30. NAME AND ADDRESS OF PERSON WHO	Cm ns	1381	Print) Avet	2 motor	st. Ha	besop	(IN mo
		SEP 1 3 '91	32. REGISTRAR'S SIGNATUR Fulia Davidson-Ro				,	7	21740

Brent A.

						A11	UF	DEAT	П	_	REG. NO			
	1. OECEDENT'S NAME (Fire, Mide		rick Lane							MONT		AY 7.	YF**	3. TIME OF DEATH
\	4. SOCIAL SECURITY NUMBER	rede		6. AGE (In yrs. I	ant hirthology) IE	UNDER	1 VEAR	IF UNDER	24 1/100	~	ember	.3, 1	4 4 4	6:25 I
)	481-03-8882		1 🛭 M 2 🗆 F	78	YRS.	NTHS	DAYS	HOURS	MIN.	Sep	t. 16,		Count	n) Iowa
T.	9a. FACILITY NAME (If not institut		eet and number)		96	L CITY,		OR LOCATIO		EATH		9c. COUN		
CTO.	Suburban Hosp						Bet	hesd	la			M	onto	jomery
DIREC	10a. STATE 10b	. COUNTY			10c. CITY, TO	OWN O	R LOCAT	ION					10d. INSIDE CITY LIMITS?	
	Maryland	Mo	ntgomery		I	Roc	kvi]							1 - YES 2 X N
34	10e. STREET AND NUMBER	_					101	ZIP CODE						WHAT COUNTRY?
FUNERAL	6500 Old Farm	Lan	12. WAS DECEDENT	EVED BULLO	nuen	Lan		208			V? (Specify Ye		_	States
ă	1 Never Merried 2 Merried 3 Widowed 4 Divorced		FORCES? 1 [IF YES, GIVE WA	YES 2		11	if yes, sp	ecify Cuba 2 X NO	n, Maxica	n, Puerto		e or No—	Blac Spec	E — American Indian, k, White, etc. '''y: White
ETED.	1s. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of				DECEDENT'S USL	UAL OC	CCUPATION	DN		188	. KINO OF BU	SINESS/INO	USTRY	
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 5+ Director (17. FATHER'S NAME (First, Middle, Last)													
COMPL						of	Sec			_			gy (Commission
	The second second second second									ME (First, Tayl	Middle, Malden	Surname)		
BE		William Thomas Lane 19. INFORMANT'S NAME (Type/Print) 195. MAILING ADD					C /Count	1				on Chata Tin	Codel	
2	196. INFORMANT'S NAME (Type/Print)						RESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) garone Road Timonium, Maryland 210						21093	
									u 11	OAT		CATION —		
	1 M Burial 2 Cremation 3 Removal from State of cemetary, crem				ry, crematory or o									
	· Well E			Tal C	10672	1 19	ASC:	የ교환부분	AVE	anue,	Decin	esua,	IAIC	aryland
	23. PART I. Enter tha disee shock, or heart iMMEDIATE CAUSE (Finel disease or condition resulting in death)	fallure. I	omplications that list only one caus	caused the	na.	enter	the mo	ode of dyi	ing, auc	h sa car	diac or resp			Approximate interval Bet Onaet and I
ERTIFICATION	iMMEDIATE CAUSE (Finei disease or condition	s, fallure. 1	omplications that ist only one cause Due to (caused the see on aschillend on as a constant of the constant	deeth. Do not na.	enter	the mo	ode of dyi	ing, auc	h sa car	diac or resp			Approximat interval Bet
MEDICAL CERTIFI	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a fallure. I	DUE TO (caused the contact like on each like on each like one of the contact like one	deeth. Do not na. CULAT SEQUENCE OF): SEQUENCE OF):	ac	the mo	ent cular	ing, auc	ch as carries	diac or resp	N AUTOPSY RMED?	rest,	Approximat interval Bet
MEDICAL CERTIFI	shock, or heart iMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a failure. 1	DUE TO (caused the contact like on each like on each like one of the contact like one	deeth. Do not na. CULAT SEQUENCE OF): SEQUENCE OF):	ac	the mo	ent cular	given in	Part I.	24a. WAS APPERFO	N AUTOPSY RMED?	rest,	Approximatinterval Bet Onaet and 48 hi
SICIAN: MEDICAL CERTIFI	shock, or heart IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant of	a failure. 1	DUE TO (caused the consecutive on as a consecutive on as a consecutive on as a consecutive on as a consecutive on as a consecutive of	deeth. Do not na. CULAY GEOUENCE OF): GEOUENCE OF): The CAYCLE GEOUENCE OF): The CAYCLE GEOUENCE OF): The CAYCLE GEOUENCE OF):	accidio	vasc	ent cular	given in	Part I.	24a. WAS APPERFO	N AUTOPSY RMED?	rest,	Approximatinterval Bet Onaet and 48 hi
PHYSICIAN: MEDICAL CERTIFI	shock, or heart IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant of EXAMINER? 1 YES 2 X NO 27. MANNER OF DEATH 1 X Natural 6 Pen	a a a a a a a a a a a a a a a a a a a	DUE TO (caused the contact like on each	deeth. Do not na. CULAY GEOUENCE OF): GEOUENCE OF): The CAYCLE GEOUENCE OF): The CAYCLE GEOUENCE OF): The CAYCLE GEOUENCE OF):	acc	the modern the modern	ent cular	given in	Part I.	24a. WAS APPERFO	N AUTOPSY RIMED?	244	Approximatinterval Bet Onaet and 48 hi
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PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Berger M.D. 5410 Connecticut Avenue, N.W. Washington, DC 20015

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Dept. of Health and Mental Hygiene prior to burial, cremation, or rem	23 shows any injury or other fraumatic event the medical examiner must be notified at once

31. DATE FILED (Month, Day, Year)
SEP 201991

30. NAME AND ADDRESS OF

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAR'S SIGNATURE

7307

_	1 - FOR STATE REGISTRAR	STATE OF M	ARYLAND / DE	PARTMEI	NT OF H	IEALTH .	AND M	MENTAL HYGIEN REG. NO	E	11 8	25715
	1. DECEDENT'S NAME (First, Middle, Last) Kwang Lin LEE							2. DATE OF DEATH DO AUGUST 29	AY 10	YEAR	TIME OF DEATH 2:05 P M
700	4. SOCIAL SECURITY NUMBER	S. SEX	6. AGE (In yrs. lest birtl	res. MONTH	DER 1 YEAR	IF UNDER :	_	7. DATE OF BIRTH (Month, Day, Year)			CE (State or Foreign
	214-98-5943 9a. FACILITY NAME (If not institution, give	Λ .	73 <u> </u>		TY, TOWN (OR LOCATIO	N OF DE			Y OF DEATH	
P R	Doctors Communit	y Hospita	l	L	anham				Pri	nce G	eorge
DIRECTOR	10a. STATE 10b. COUNT	v ince Georg		c. CITY, TOWN	enda					1	LIMITS?
	100. STREET AND NUMBER 7512 Lake Glen Dr:	ive				20769				EN OF WHAT	COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT	EVER IN U.S. ARMED YES 2 ANO OR OR DATES	1	3. WAS DEC	ENDENT OF	HISPAN	C ORIGIN? (Specify Yea , Puerto Ricen, etc.)		4. RACE — / Black, Wh	ent Reside American Indian, ida, etc. ciental
COMPLETED E	15. DECEDENT'S EDU (Speedly only highest grade Elementary/Secondary (6-12) Elementary	(CATION completed) College (1-4 or 5 +)	(Give kii life. Do N	ENT'S USUAL nd of work don NOT use retired nemake	e during mo	ON isl of working	7	0Wn home			Tental
	12. FATHER'S NAME (FIRE, AGODA, LAND) (unknown)		1101		-			IE (First, Middle, Maiden			
TO B	P Yong-Soo Chung 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip C 7512 Lake Glen Drive, Glendale, Md.							20769)		
	20s. METHOD OF DISPOSITION 1% Burlal 2 Craynation 3 Team 4 Donation 5 Phair(Specify) 21. SIGNATURE OF FINERAL SERVICE LI	Persex	20b. PLACE AND C	TE "CEM H	etery ines 1800	n agoress Rina N.H.	ldi Ave	31-91 Ba Funeral He ., Silver	Sprin	ng, Mo	1.
and the same	23. PART LEnter the diseases, or ahook, or least failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Aca	caused the death. e on each line. DR AS A CONSEQUEN	iteo			5	sa cardiac or respi		st,	Approximate Interval Batween Onset and Death
ERTIFICATION	Sequentially list conditions, it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	OR AS A CONSEQUEN								
W: MEDICAL C	PART II. Other algoriticant condition Called Te Heper D		leath but not result		underlying	g cause gi	ven in P	Part I. 24a. WAS AN PERFOR		OF E	E AUTOPSY FINDINGS LABLE PRIOR TO PILETION OF CAUSE DEATH? YES 2 \(\subseteq \text{ NO} \)
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1											
E	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF building, e	INJURY — At home, for ic. (Specify)	arm, street, fa	ctory, office			28t. LOCATION (Street a City or Town, State)	nd Number or	Rural Route	Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYINO PHYSI	CIAN: To the best of m	ry knowledge, death or mination and/or invest	ccurred at the	time, data	and place, a	and dua to	o the cause(a) and man	ner as stated	ceuse(a) and	manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIED	~ MO				29c. LICEN	SE NUMB		29d. DATE S	SIGNED (Mon	th, Dgy, Year)

2 20740 OHMH-18 Rev 1/89

Mol.

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1		FOR 1 - STATE REGISTRAR	STATE OF MARYLA	IND / DEPART	RTMENT OF H	IEALTH AND I	MENTAL HYG REG.		
- Marine		1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER	Pargaret	+ 10	rcey		2. DATE OF OEAT	2, 19	YEAR 3. TIME OF DEATH
(P		212-56-0338 9. FACILITY NAME (If not institution, give st	1 🗆 M 2 🗶 F	yrs. lest birthday) 85 vns.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE.	7. OATE OF BIRTH	3,1906	BIRTHPLACE (State or Foreign Country) MARYLAND
5 1, 2, 3th	СТОВ	St. Marys	Hospita		Leon	nardt	JUL T	St	Mary's
permit. Pages	L DIRE	MARYLAND ST.	MARY'S COUNT		Y, TOWN OR LOCAT				10d, INSIDE CITY LIMITS? 1 YES 2 NO
sit	FUNERAL	GENERAL DELIVERY			2	20609		U.S.	EN OF WHAT COUNTRY?
215-0020 attending physician. se as the burial-transit	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IN I FORCES? 1 _ YES IF YES, GIVE WAR OR DAT	2 XNO	If yes, sp	CENDENT OF HISPANI pecify Cuban, Mexican S 2 NO Specify:	n, Puerto Rican, atc	ly Yes or No— 1	14. RACE — American Indian, Black, White, aic.
21 al or for u	COMPLETED	(Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify Only Specify	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S L (Give kind of we life. Do NOT use HOUSEV	work done during mo se retired.)	ON ost of working	166. KIND OF	F BUSINESS/INDU	ISTRY
MARYLAND stretained by the hospital 5 should be detached in notified at once.	BE CON	17. FATHER'S NAME (First, Middle, Lest) CHARLES C. FARREJ	LL			SUSAN	ME (First, Middle, Ma	elden Surname)	
	10	19a. INFORMANT'S NAME (Type/Print) DOROTHY MARIE TRO		GENEF	RAL DELI	and Number or Rural R			
W E 2 B		20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Remo 1 Donation 5 Other (Specify)	SAC	PLACE AND DATE OF CRED HEA	RT CEME!	TERY 9/0	5/91		DD, MARYLAND
E 5 5 1	Ц	Muchael 9	Lardine		MATT P.O.	INGLEY-GA BOX 270	ARDINER , LEONAR	RDTOWN, I	HOME, P.A. MD. 20650
24 hours filled in ti ion, or rei the medi		23. PART I/Enter the diseases, of control abook, or heart feiture. LIMMEDIATE CAUSE (Finel disease or condition resulting in death)	Examplications that caused the List pnly one cause on each and the List pnly one cause on each and the List pnly one cause of the	iopv/	MON				Approximats Interval Batwean Onset and Dasth
P.O. BOX 687(uth certificate be executed tending physician and con all Hygiene prior to buriat, or other traumatic en	CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avents resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF)	·):				
VITAL RECORDS, F IAN: The law requires that the death rifficate has been signed by the attei te State Dept. of Health and Mental or item 23 shows any injury, or	MEDICAL	PART II. Other algorificant conditions	s contributing to death but			j cause given in F	PEF	S AN AUTOPSY RFORMED? ES 2 (VANO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO CDMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
VITAL AN: The law inficate has b State Dept.	PHYSICIAN:		HOSPITAL: 1 Linpatient 2 - ER/Outpati		OTHER:	LACE OF DEATH (Chec			
NO OF VITA NG PHYSICIAN: The fler this certificate his eath with the State D marked, or item		27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	E OF 28c, INJU	NO 5 Residence 6	6 Other (Specily) 28d. DESCRIBE HO		IRED
VISIC TATTENDI TECTOR: A TECTOR: A TECTOR: A TECTOR: A	ETED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datarmined	28s. PLACE OF INJURY — building, sic. (Specify)	- Al home, farm, str			28f. LOCATION (Str City or Town, S	reet and Number or State)	r Rurel Route Number,
로 작은 도	COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	CIAN: To the best of my knowled R: On the basis of exemination a	ige, death occurred and/or investigation	d at the time, data 1, in my opinion, d	and place, and due to	o the cause(s) and ime, data and plac	manner as stated	1. cause(s) and manner es stated.
물 물을 품	O BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF BERSON WAYS	to KMC	Sita M		29c. LICENSE NUME D 36206		29d. DATE S	SIGNED (Month, Day, Year)
0		30. NAME AND ADDRESS OF PERSON WHO 31. DATE FILED (Month, Day, Year)	Menta	M.D.	SHANT	I MEDICAL	CENTER	, LEONAI	RDTOWN,MD.20650
		SED 04 101	32. REGISTRAR'S SIGNATI	on-Randelle	•				

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DHMH-16 Rev 1/89

1. DECEDENT'S NAME (First, Middle, Lest)							2. DATE OF	DEATH DAY	J	EAR :	. TIME OF C	DEATH
SKINNER T. I	EONARD						8	23		1	1:15	AM
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	ast birthday)			DER 24 HRS.	7. DATE OF I			BIRTHP Country)	LACE (State	
213-16-8226	1 X M 2 □ F	74	YRS.	MONTHS	DAYS HOUR	MIN.	7-4-		- 1		land	i
9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY, 1	TOWN OR LOCA	ATION OF E	EATH		9c. COUNTY	Y OF DE	ATH	
503 Mulberry	Hill			Eas	ston				Tal	lbot		
RESIDENCE OF DECEDENT 10e. BTATE 10b. COUNT	ν		100 CT	TY, TOWN OR	LOCATION					T.	IDd. INSIDE	CITY
											LIMITS?	
Maryland Tal	bot		E	astor	101. ZIP C	ODE		- T	10a CITIZEI	14	X YES 2	
	17233							- 1				
503 Mulberry 11, MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED	13. W	2160		NIC ORIGIN? (S	specify Yee o	USA or No.— I 14		- American	Indien.
1 Never Merried 2 Merried	FORCES? 1		MO	er :		ban, Mexic	an, Puerto Rica			Black, Specify	White, atc.	
3 Widowed 4 Divorced						ф	.,,.				White	3
15. DECEDENT'S EDU (Specify only highest grade		16a. D	ECEDENT'S	S USUAL OCC	CUPATION uring most of wo	rkina	16b. Kil	ND OF BUSIN	NESS/INOUS	STRY		
Elementary/Secondery (0-12)	College (1-4 or 5+	MA.	fe. Do NOT i	use retired.)								
7	0	Wa	ater	man								
17. FATHER'S NAME (First, Middle, Last)					16. M	OTHER'S N	AME (First, Midd	lle, Maiden Su	umame)			
Samuel Robert	Leonar						E. Wr					
19e. INFORMANT'S NAME (Type/Print)							Route Number,	,		/		
David T. Leor							d., Tr					
20g. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Ren	novel from State	20b. PLAC	E AND DAT	TE OF OISPO	SITION (Name		OATE		ATION — CIT			
4 Donation 5 Other (Specify)	ACUACC .								rilgh	nmai	a, MI)
21. SIGNATURE OF FUNERAL PRIVICE LI	X Burlet 2 Cremation 3 Removal from State of complany, crematory of other place) Tilghman Meth. Cemetery 8-26 Tilghman, MD											
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition	complications the	t caused the d	iaeth, Do ne.	not enter t	the mode of	dying, su	ch ee cerdled	or reepire	Eas	st,	Appro Intervi Onset	ximate al Bstwee and Dss
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1. DECEDENT'S NAME (First, Middle,		C	CERTIF	ICATI	FOF H	DEAT	AND	MENTAL I	HYGIENE REG. NO.				
BERNI								2. DATE OF MONTH	DEATH DAY		3. TIME OF DEATN		
4. SOCIAL SECURITY NUMBER 220-26-8782	5. SEX 1 M 2 F	5. SEX 6. AGE (In yrs. last			T, F.F. st birthday) IF UNDER t YEAR IF UNDER YRS. MONTHS DAYS HOURS			AUCUST 7. DATE OF BIR (Month, Day, 01-14			BIRTHPLACE (State or Foreign Country)		
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RESIDENCE OF DECEDER 100. STATE 10b. C	Talbot			Y, TOWN C		TION					10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
9814 Chape1	Road				10f. ZIP CODE 21601					10g. CITIZE	0g. CITIZEN OF WHAT COUNTRY? USA		
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21. SIGNATURE OF FUNERAL SERVI			5	F 122.	. O.	Box	928	Ben, Hurl	nie S ock,	mith MD.	Services 21643		
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4 Nomicide determine 20e. CERTIFIER (Check only one) 1 CERTIFYING F Check only one)	HYSICIAN: To the best of	my knowledge, d	leath occurre	d at the ti	inion, de	eth occure	end due t	to the cause(s) and menne	or as stated,	ruse(s) end manner as stated.		
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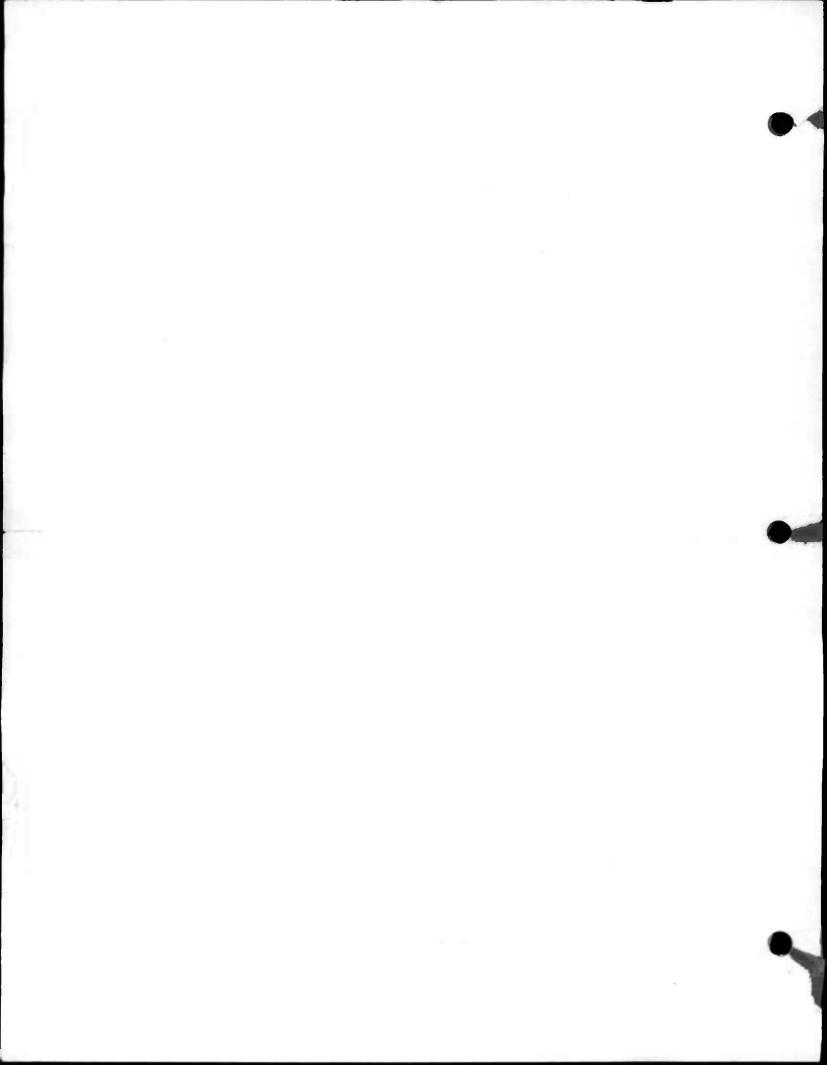
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17. FATHER'S NAME (First, Micdia, Last) Nichlas Little 18. MOTHER'S NAME (First, Micdia, Macidia, Mac											
Nichlas Little Maggie Little 196. MAILING ADDRESS (Street and Number or Rural Routin Number City or Town, State, Zip Code) Regina E. Smith P.O. Box 88, Cemetery Road 206. MENTHOD OF DISPOSITION (Name) of Commettion 3 Ramoval from State											
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27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Dey, Veer) 28e. IME OF INJURY WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCUREO	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?										
3 Suicide 8 Could not be 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, offics building, stc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, offics City or Town, State)	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?										
29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and dus to the cause(s) and menner as attated. MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as											

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	1. DECEDENT'S NAME (First, Middle, La	st)					DEATI		DATE OF OE	ATH DAY		YEAR	. TIME OF DEATH
	Elizabeth		R.			naug	gh		9	8			6:13 A
9	4. SOCIAL SECURITY NUMBER 206-20-5058	5. SEX 1 ☐ M 2XXF		yrs. last birthday)	-	DER 1 YEAR IF UNDER 24 HRS. IS DAYS HOURS MIN.			7. DATE OF BIRTH (Month, Day, Year) 7-17-27			Country)	LACE (State or Fore
			64	YRS.									sylvani.
Œ	9a. FACILITY NAME (# not Institution, give street and number) Howard County General Hospital				96. CITY, TOWN OR LOCATION OF GEATH COlumbia					1	9c. COUNTY OF OEATH		
DIRECTOR	RESIDENCE OF DECEDENT				1	00	TUIND	La		Howard			
R	Maryland 106. cou	arvland				LOCATIO	ON			10d. INSIDE CITY LIMITS?			
	Howard Howard				Ellicott City					1X YES 2 [
BY FUNERAL	3334 Coventry Court Drive						1			AT COUNTRY?			
	3334 Coventry			C ADMED	21042					U.S.A.			
	1 Never Married 2 Narried 3 Wildowed 4 Divorced	1 Never Married 2 Married FORCES? 1 YES 2			13. WAS DECENDENT OF HISPANIC ORIGING 15 yes, specify Cuben, Mexican, Puerto 1 YES 2 NO Specify:					GIN? (Specify Yee or No— 14. RACE — American Black, White, atc. Specify: White			White, etc.
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BE	John A. Pfiste	r					Cat	herin	e C.	Camp	bell		
2		1		19b. MAILING									21042
	James B. Mynaug	n	T an . n	13334	Covev	entr	y Co	irt I					ty. MD
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			FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT (OF HEALTH A	ND MENT	TAL HYGIENI REG. NO.	9	2	5/21
1		30	1. DECEDENT'S NAME (First, Middle, Last)	1.0 [.]			-		TE OF DEATH	197	3. T	IME OF DEATH
	(D		4. SOCIAL SECURITY NUMBER	1c Cardell 5. SEX 8. AGE (In yrs. last birthday)	IF UNDER 1 Y	EAR IF UNDER 24	HRS. 7, DA	TE OF BIRTH	5	BIRTHPLAC	E (State or Foreign
	1		219 07 0288	10 M 2 × 72	YRS.	MONTHS	HOURS I	Min. Ma	onth, Day, Year) 1y 13,19	19 M	lary1	and
۸٠.	3 shou	œ	ea. FACILITY NAME (If not institution, give st Williamsport Nurs				i amsport	OF DEATH		9c. COUNTY		
4 404	- 1cVitament	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			Y. TOWN OR				Was	hing	
	prysician. burial-transit permit. Pages	DIRE	A STATE OF THE STA	ington		lliam:						. INSIDE CITY LIMITS? YES 2 NO
	t permi	RAL	100. STREET AND NUMBER 11 N.Conococheag	110 C+	<u> </u>		10f. ZIP CODE	0.5		10g. CITIZEN		COUNTRY?
	al-transi	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED		217	HISPANIC OR		USA or No.— 14.	RACE - A	American Indian,
21203-3146	retained by the nospiral or attending projection. 5 should be detached for use as the burial-trainetified at once.	BY F	1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES? 1 YES			es, specify Cuban,		rto Rican, elc.)		Specify: Whit	
203-	retained by ure nospiral or attending. 5 should be detached for use as the notified at once.	- 11	15. DECEDENT'S EQUE (Specify only highest grade		16a. DECEDENT'S (Give kind of	USUAL OCC	UPATION ing most of working		16b. KIND OF BUS	INESS/INDUST		
215	ed for	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Housew				Н	ome		
ANC	detach detach	COM	17. FATHER'S NAME (First, Middle, Last)	:14	D				st, Middle, Maiden	Surname)		
MARYLAND	ould be	BE	Ridgeley Ham 19a. INFORMANT'S NAME (Type/Print)	ilton	Renner	ADDRESS (Street and Number or	rrie		rginia		DeLauney
MA	pe ferained ge 5 should e notified	5	Frank L.McCardel	<u> </u>			cocheague					1795
SE,	arier oearn. Fage to may be by the funeral director, page moval. cal examiner must be to		20a. METHOD OF DISPOSITION 1 💢 Buriat 2 🗌 Cremation 3 🗍 Remote 1 🗎 Donation 5 🗍 Other (Specify)	oval from State	other place)		of cometery, cremate	,		erstow		
BALTIMORE	funeral dire		21. SIGNATURE OF PUNCHAL BERRACE LIC		ocaai La		ME AND ADDRESS BORNE FU		HOME	el 3 COM	11,110	21/40
BAL	the fun wal.		1/1/921/11	Mu		Ρ.	.0.Box #	348 W	illiams	port,M	D 217	795
	d in t			complications that caused List only one cause on a	the death. Do ach line.	not enter th	e mode of dying	, such as o	cardiec or respi	ratory arreat	,	Approximate interval Between Onset and Death
			iMMEDIATE CAUSE (Final disease or condition resulting in deeth)	C.HF								
13146,	8 5 8 8		<u></u>	Diabet	CONSEQUENCE C	F):					1	
	e be execute sician and c infor to buria traumatic	TION	Sequentially list conditions, if eny, leading to immediate	DUE TO OR AS A	CONSEQUENCE C	4 4					1	
BOX	erincate be ng physician giene prior to other traur	FICA	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A	M Y O P	athy	/					
P.O.	attending phatal Hygiene Y, or other	CAL CERTIFICATION	resulting in deeth) LAST	d								
RDS, I	hat the death d by the atter and Mental ny injury, o		PART II. Other significant condition	s contributing to death b	out not resulting	in the unde	erlying ceuse giv	ren in Part i	. 24a. WAS AN			RE AUTOPSY FINDINGS
ORI	juires that signed b Health ar DWS any	MEDIC				-			1 🗆 YES 2	□ NO	COI OF	MPLETION OF CAUSE DEATH?
RECOI	e law requires has been sign Dept. of Heal										1 [YE\$ 2 NO
VITAL	N: The law ficate has be State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTMER:	26. PLACE OF DEA	TH (Check on	y one)		-	
Α .	certificate h the State d, or iten	HYS	1 _ YES 2 _ NO 27. MANNER OF DEATH	1 ☐ Inpetient 2 ☐ ER/Outs 28e, DATE OF INJURY.	26b, Til	ME OF 2	g Home 5 Reel		Other (Specify) DESCRIBE HOW I	NJURY OCCUP	RED	
N OF	After this death with smarked	COMPLETED BY PI	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)		JURY M	WORK?	NO				
DIVISION	TTENDI TOR: A after d 28 is		3 Suicide a Could not be determined				LOCATION (Street of City or Town, State)	NTION (Street and Number or Rural Route Number, or Town, State)				
5	DIRI		29a. CERTIFIER (Check only 1 CERTIFYING PHYS	CIAN: To the best of my know	riedge, death occur	red at the tim	e, date and place, a	nd due to the	cause(e) and me	nner as stated.		
	ONERA	COM		R: On the basis of examination	n and/or Investigati	lon, in my opi			date and place, an	d due to lhe c	ause(a) an	d manner se stated.
	TO THE HOSPITAL. TO THE FUNERAL. De filed within 72 ! IMPORTANT: If I	BE	296. SIGNATURE AND TITLE OF CERTIFIE	JEHOUR M				3700		29d. DATE S	IGNED (Mo	onth, Day, Year)
	F F 5 5	10	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Typ		1/0 00	000				
اديوره			Dr. Ted E. Howe	32. REGISTRAR'S SIGN	ATURE		у, мD 20	832				· · · · · · · · · · · · · · · · · · ·
			SEP 16 '91		lson-Pande	02						

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BALTIMORE, MARYLAND 21203-3146	er death. Page 6 may be retained by the hospital or attending physician.	he funeral director, page 5 should be detached for use as the bunial-transat perma. Pages 1, 2, 3 and	examiner must be notified at once.	DE CONTRE VOICE DE CENTRE DE CE
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 -rous after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perms. Pages 1, 2, 3 should be detached for use as the burial-transit perms. Pages 1, 2, 3 should be detached for use as the burial-transit perms. Pages 1, 2, 3 should be detached for use as the burial-transit perms. Pages 1, 2, 3 should be detached for use as the burial-transit perms.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	MOITACITITATIO SACIONIS SECURITATION SECURIT

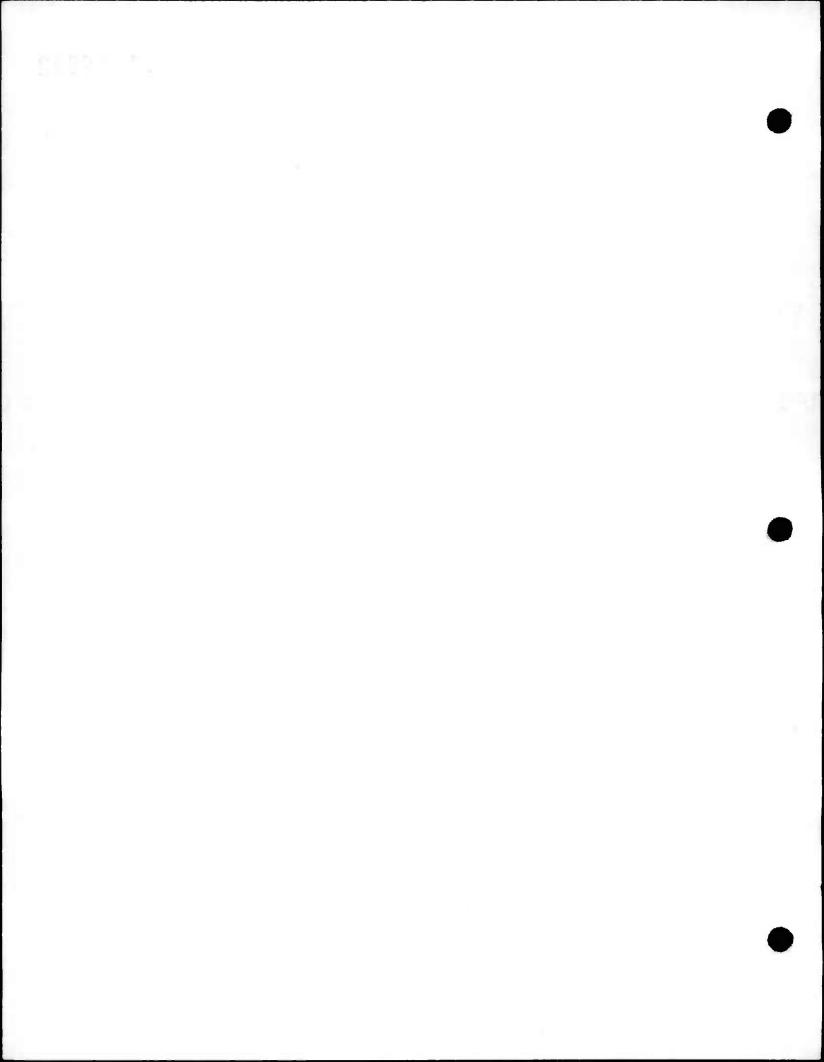
									(91	25722
	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR					ENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)		<u> </u>	10/11		DE		2. DATE OF DEATH MONTH DAY	,	YEAR 3.	TIME OF DEATH
		MYERS						9 11	91	<u> </u>	8:30 a.m.
		5. SEX 6. AGE ((In yrs. leat birthday) YRS.	IF UNDER	1 YEAR DAYS	HOURS 2	MIN.	7. DATE OF BIRTH July 6, 18	20 1	Mary	ACE (State or Foreign
1	219-20-1116 9a. FACILITY NAME (If not institution, give stree		1 Tig.	9h, CITY	TOWN O	R LOCATIO			9c. COUNT		
E.	Ravenwood Lutheran					town				hing	
CT.	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			TY, TOWN (1 4/	Od. INSIDE CITY
FUNERAL DIRECTOR		hington	10% 64			town					LIMITS?
1	10e. STREET AND NUMBER					ZIP CODE			10g. CITIZE		AT COUNTRY?
ER	42 E. Franklin Str	eet				2 17 40)		USA	A	
N.	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	N U.S. ARMED					C ORIGIN? (Specify Yea Puerto Rican, atc.)	or No— 1	4. RACE — Black, V	- American Indian, White, etc.
β	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D				2 💢 NO				Specify:	white
	15. DECEDENT'S EDUCA (Specify only highest grade of	ITION completed	16a. DECEDENT'S	S USUAL O	CCUPATIO	ON working	^	18b, KIND OF BUS	INESS/INDU	STRY	
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT L				,	Harry S	Muo	∽e Tı	20
COMPLETED	12 years 17. FATHER'S NAME (First, Middle, Last)		owner &	x obe	Laco		PO'C NAM	E (First, Middle, Malden S		T2 T	.IC •
	Charles Henry Gar	ling						nerine Gor			
) BE	19a. INFORMANT'S NAME (Type/Print)							oute Number, City or Town			1 247/0
2	Thelma M. Myers		40 E					Hagersto			
	20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Remov 4 Donation 5 Other (Specify)	val from Stata RO	other place) SE H1111	Ceme	etery	netery, crem	etory or		rstow		aryland
	SECONATURE OF FUNERAL SERVICE LICE	minion		Ge	erald	I N. I	Minni	ich 305			c Street aryland
	23. PART I. Enter the diseases, or co shock, or heart fallure. Li			not anter	r tha mo	de of dyle	ng, such	aa cardiac or reaple	ratory arre	st,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	or to Administration		1		7	1	Δ	- 0		Onset and Death
	resulting in deeth)	DUE TO (OR AS /	A CONSEQUENCE O	OF:	SFE	sal	202	1 1/1	451		
z	•	rount or or or or or	4	mo	in	not	121				2 4/4
VIIO	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS A	A CONSEQUENCE	DF):	NE TH	0 11 1	A				
FICA	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS /	A CONSEQUENCE (OF):							
ERTIFICATION	resulting in death) LAST	50 CONTRACTOR OF		0.00							
0	PART II. Other algorificant conditions	contributing to death i	but not reaulting	In the u	nderivin	o cause o	ilven in F	Part I. 24s. WAS AN	AUTOPSY	24b. V	VERE AUTOPSY FINDINGS
MEDICAL	cho Le	mobogiti	/0	uks	m?	1		PERFOR	-	6	WAILABLE PRIOR TO COMPLETION OF CAUSE
MED	Con let	Donne	1/20								OF DEATH?
N.	20.1000	1 15 (115	Tia					:			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНЕ	R:		,	ck only one)			
PHYSICIAN:	1 YES 2 NO	1 Inpution 2 ER/Out	28b. TI	IME OF	28c. IN.			28d, DESCRIBE HOW I	NJURY OCC	URED	
	1 Natural 5 Pending	(Month, Day, Year)	11	NJURY M	WC	ORK? YES 2 [NO				_
ED BY	3 Suicide 8 Could not be	28s. PLACE OF INJURY building, etc. (Spe	Y — Al home, farm	, street, fac	ctory, offic	:0		28f. LOCATION (Street a City or Town, State)	and Number o	or Rural Rol	ute Number,
	4 Homicide determined										
COMPLET	Corner orny	CIAN: To the best of my know									
8	2 MEDICAL EXAMINER	3: On the basis of exemination	on and/or Investigat	tion, in my	opinion, c						
98	296. SIGNATURE AND TITUE OF CERTIFIER	(. Trac	m. (9-			29c. LICE	ENSE NUM	- A	D Q	1/2	Month, Day, Hear)
임	30. NAME AND ADDRESS ON PERSON WHO	COMPLETED CAMPEIOE D	EATH (ITEM 27) (M	no Delecti	_	D	00	2.0	- 7	112	96

DEATH (ITEM 27) (Type, Print)

32 REGISTRATE SIGNATURE Julia Savidson-Randola

SFP 13'91

DHMH-18 Rev 1/89



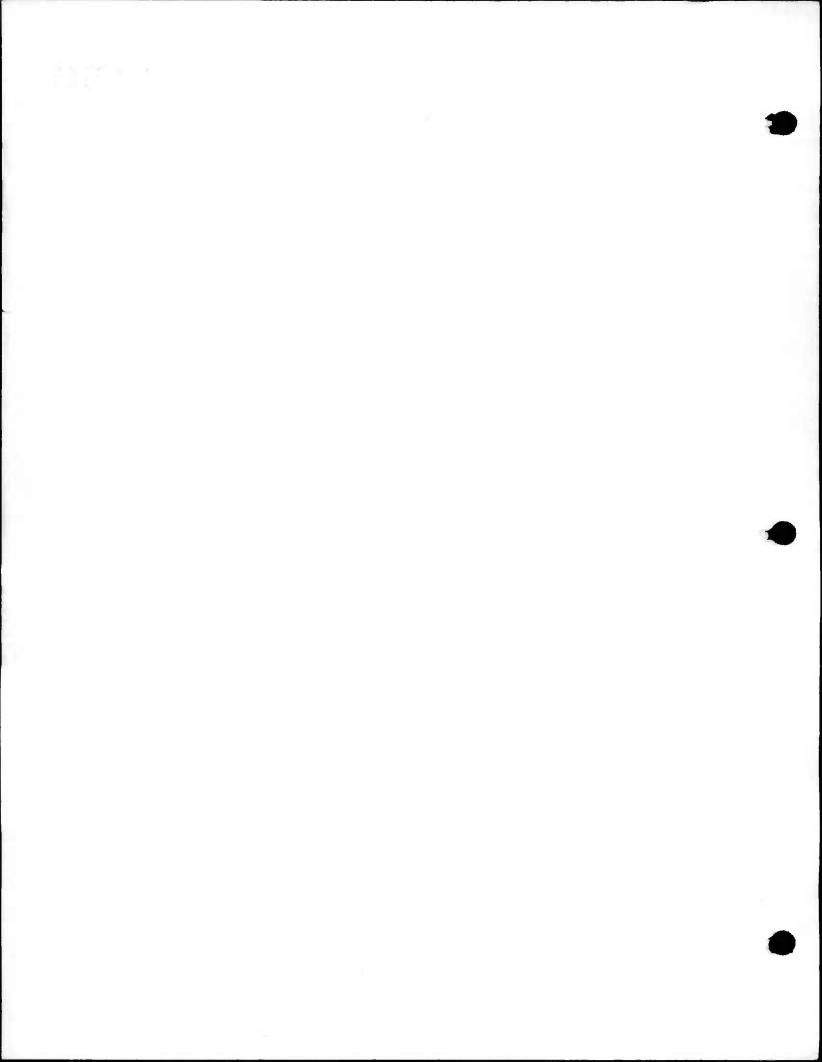
	1. DECEDENT'S NAME (First, Middle, Lest) Patrici	a Ann MYERS	OF DEATH	REG. NO.	1	25723
	Catricia F	7 myer		MONTH DAY		3 25 A
١	214-36-0358 1 D M 2 🕱 F	AGE (In yrs. last birthday) F UNDER WONTHS	DAYS HOURS MIN.		.937 Ma	ACE (State or Foreign
CTOR	ea. FACILITY NAME (If not institution, give street and number) Washington County Hospital RESIDENCE OF DECEDENT		town or location of Deat gerstown	1	9c. COUNTY OF DEA	
DIREC	10e. STATE 10b. COUNTY Maryland Washington	Boonsbo				Od. INSIDE CITY LIMITS?
FUNERAL	104. STREET AND NUMBER 19406 Newcomer Road		101. ZIP CODE 21783		10g. CITIZEN OF WI	AT COUNTRY?
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT FORCES? 1 FORCES? 1 FYES, GIVE WAR	YES 2 XNO	WAS DECENDENT OF HISPANIC If yes, specify Cuban, Mexican, I YES 2 XNO Specify:		or No— 14. RACE- Black, Specify White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5+) College (1-5 or 5+)	18e. DECEDENT'S USUAL OF (Give kind of work done life. Do NOT use retired.) OWNET	CCUPATION during most of working	16b. KIND OF BUSI	ness/industry	ts
ш	17. FATHER'S NAME (First, Middle, Last) William Franklin Horn			(First, Middle, Meiden S t Bell Cor		
TO B	190. INFORMANT'S NAME (Type/Print) Mrs. Tricia M. Churchey		(Street and Number or Rural Roce Cock Trail, H			d 21740
	20a. METHOD OF DISPOSITION 1 Description 1 Description 1 Other (Specify)	20b. PLACE AND DATE OF DISP of cemetary, crematory or other p Rose Hill Co	viace)		ATION — City or Tow Serstown,	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	-3	NAME AND ADDRESS OF FACI INICH FUNERAL E. Wilson B		erstown,	Md. 21740
	resulting in death)		the mode of dying, such		atory screet,	Approximete interval Betw Onset and Do
CERTIFICATION	if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	OR AS A CONSEQUENCE OF):				
ERTIF	that initiated events resulting in death) LAST	OR AS A CONSEQUENCE OF):			<u> </u>	
MEDICAL	PART II. Other significent conditions contributing to d	lesth but not resulting in the u	nderlying ceuse given in P	ert i. 24a. WAS AN A PERFORE 1 UYES 2	MED?	WERE AUTOPSY FINDII AMAILABLE PRIOR TO COMPLETION DF CAUS DF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	OTHE	26, PLACE OF DEATH (Check	k only one)		
	27. MANNER OF-DEATH 1 Netural 5 Pending 28a. DATE OF II (Month, Day	NJURY 28b. TIME OF	rsing Home 5 Residence 8 28c. INJURY AT WORK? 1 YES 2 NO	Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF building, e	INJURY — At home, farm, street, facte. (Specify)	tory, office	28f. LOCATION (Street et City or Town, State)	nd Number or Rural R	oute Number,
D BE COMPLETE	29a. CERTIFIER (Check only one) DESCRIPTION PHYSICIAN: To the best of an one)	ny knowledge, death occurred at the				
-						and menner as state

32. REGISTRAR'S SIGNATURE
July doon-Randale

31. DATE FILED (Month, Day, Year)
SEP 16 '91

66133 70

		1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.		
-		0 1 -	17 1- 0	ONTER I	MCRORIE		2. DATE OF DEATH DO	AY OYEAT	3. TIME OF DEATH
		GERTRUDE 4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1/	RTHPLACE (State or Foreign
(1)	214-03-8117	1 - M 200 F 8	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Yoar) 3/5/05	Co	ASH. D.C.
tra de	-	9a. FACILITY NAME (If not institution, give str	reet and number) ARE			OR LOCATION OF DE	9	9c. COUNTY O	
ei ei	CTOR	MANOR CI	112		WH.	EATOX	<i></i>	MON	TGOMERY
if. Pages	DIRE	mD. 106. COUNTY	UTCOMER)	1	Y, TOWN OR LOCAT	SPRI	NG		10d. INSIDE CITY LIMITS? 1 YES 2 NO
physician. burial-transit permit. Pages	FUNERAL	100. STREET AND NUMBER	DRIVE		10	209/1	5	10g. CITIZEN O	F WHAT COUNTRY?
the the	ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Never Married 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D.	2 1 000	If yes, sp	CENDENT OF HISPAN ecity Cubin, Mexican 3 2 NO Specify		В	ACE — American Indian, leck, White, etc.
al or for u	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	18a. DECEDENT'S (Give kind of a life. Do NOT us 1360KK)	USUAL OCCUPATION Work done during more retired.)	ON ast of working		SINESS/INDUSTR	
the hospital detached fo	OMP	17. FATHER'S NAME (First, Middle, Last)		DUNA	LEFEX	18. MOTHER'S NAI	ME (First, Middle, Maiden		in the
क विद्	ш	JOHN H. HUI	NTER			-		LARKE	
fretained 5 should notified	TO B	190. INFORMANT'S NAME (Type/Print) LOUISE HUGH	ICE	19b. MAILING	ADDRESS (Street	and Number or Rural F	Noute Number, City or Tow	- /	
ay be		20g METHOD OF DISPOSITION	208	77/6	SITION (Name of ce	0.5	, 0/4/1-1	OCATION - City o	
a ge e		1 Burisi 2 Cremation 3 Remo	5	T John!		ERY-FORE		SILVER S	
Jeath. P funeral twamin		21. SIGNATURE OF FUNERAL SERVICE LICE JULIAN S. Cla	nk		22. NAME A	NO ADDRESS OF FAI KOMA (A	SNELAL F EDUL ST. A	tomE.	INC.
executed within 25 Yours after of and completely filled in by the bunial, cremation, or removal, natic event, the medical	NC	23. PART I. Enter the diseases, proshock, prhaert failure. I iMMEDIATE CAUSE (Finel disease proondition reculting in daeth)	a. Due to one cause on a bull to one of the	my fully a consequence of	1,764 17):	ode of dying, sucl	n as cardiac or reep	fratory arrest,	Approximate interval Between Onset and Death Mass. 10425
th certificate be ending physician I Hygiene prior to	CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a Akselsa	A CONSEQUENCE O	tack				14 days.
t the d		PART II. Other significent condition	e contributing to death t	but not resulting	in the undertyin	g cause given in		N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
a a a a	MEDICAL		Gural ged o	Hus po	10045		1 [] YES	2 1 NO	COMPLETION OF CAUSE OF DEATH?
law requires as been sign bept. of Hea							_		1 YES 2 NO
N: The lan State Dep	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (Ch			
SICIAN: The certificate the State	PHYSI	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Out	patient 3 DOA		ne 5 🗆 Residence	8 Other (Specify) 28d. DESCRIBE HOW	IN HIBY OCCUPE	n
DING PHYS After this of death with s marked	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Ybar)		JURY W	ORK? YES 2 NO	200. DESCRIBE HOW	THE OCCURE	
TTENDI TOR: A after de		3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Spe		street, factory, offic	CO	281. LOCATION (Street City or Town, State		rel Route Number,
Z Z Z	COMPLETE	(onton only	CIAN: To the best of my know R: On the bests of axismination						se(s) and manner as stated.
TO THE HOSPI TO THE FUNER be filed within	TO BE (296. SIGNATURE AND TITLE OF CERTIFIER	Traum z		-	29c, LICENSE NUI	IBER	29d. DATE SIG	NED (Month, Day, Year)
25		30. NAME AND ADDRESS OF PERSON WHI	RAUM WIT	841	-	roja Au	ie Silve	r Spr	ino and 20010
		SFP 0 9 '91	grune Daydon	Randoll		<i>U'</i>		- (DUNE 16 Pour 1/09



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
OR A	DIRE	hours	item
TAL	RAL	12	11:
HOSP	FUNE	within	ANT
H	HE F	led v	ORI
5	6	De P	볼
			- 1

JAMES 4. SOCIAL SECURITY NUMBER 218–10–0469	LESTIE	MILLS						MON	TH	DAY	YEAR	M (C)
	5. SEX	6. AGE (in yrs. is:						au	cust a		791	0955
	1 🛛 M 2 🗆 F	71	YRS.	IF UNDER	DAYS	IF UNDER	Mire,	bc't'	e OF BIRTH	1919	GIR	PLACE (State or Foreign DLETREE, MD
98. FACILITY NAME (# not institution, give s PENINSULA GE) RESIDENCE OF DECEDENT		SPITAL		9b. CITY		I SBU		EATH ,		9c. COU	WIC	OMICO
MD. WOR	CESTER			Y, TOWN O		ION						16d. INSIDE CITY LIMITS? 1 YES 2 V NO
	LEY ROAD					2186				USA	ZEN OF V	VNAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEOEN FORCES? 1 IF YES, GIVE Y	YES 2/		1	If yes, spe	ENDENT O	F HISPAN n, Mexica Specify	n, Puarto	IN? (Specify Your Rican, atc.)	ea or No-	14. RACE Black Speci	— American Indian, k, Whita, atc.
15. DECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(G	ECEDENT'S Silve kind of the Do NOT us LAB	work done i	CCUPATIO	IN st of workin	g	16	RETIR			OKINS CO.
17. FATHER'S NAME (First, Middle, Last)	SEPH MILL	S				18. MOTH	ER'S NA		Middle, Maide	n Sumame)		SKING GG.
190. INFORMANT'S NAME (Type/Print) MARGARET ANN SHOL		19	b. MAILING	ADDRESS KARFN	(Street a	nd Number	or Rural I	Route Nui	mber, City or To	wn, State, Zip		
20a. METNOD OF DISPOSITION 1 X Buriat 2 Cremation 3 Ram 4 Donation 5 Other (Specify)		20b. PLACE	AND DATE	OF DISPOS	ITION (Na	me of		9-	TE 20c. L	OCATION —	City or To	wn, State
21. SIGNATURE OF EUNERAL SERVICE LIC	B. Jo	eley	112,113	230	orte en		TORT	ALTY (CHAPEL			BOX 920
23. PART i. Erker the diseasea, or a shock, or heert failura. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially liet conditione, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated aventa resulting in death) LAST	a. Ma DUE TO OUE TO C.	OR AS A CONSEC	OUENCE OF	1 e - Fi: W					arec or reel	oratory arr	eet,	Approximate interval Betwee Onset and Dest
PART II. Other significent condition	e contributing to	death but not r	reculting	in the un	derlying	ceuee g	Iven In	Pert i.	24s. WAS AI PERFO 1 YES	RMED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DE	ATN (Che	ock only o	ne)			
1 TYES 2 NO 27. MANNER OF DEATH	1 (Bilinpetient 2	-		4 🗆 Nurs	ing Nome		idence	-	er (Specify)			
1 Naturel 5 Pending 2 Accident Investigation	28a. DATE OF (Month, D	ny, Year)		M		ES 2 [NO	28d. DE	SCRIBE NOW	INJURY OCC	URED	
3 Suicide 8 Could not be detarmined	28a. PLACE O building,	F INJURY — At ho etc. (Specify)	me, ferm, s	Hrea1, facto	ory, offica			28f. LO C/h	CATION (Street or Town, State	and Number	or Rural A	oute Number,
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the beat of R: On the beats of ex	my knowledge, de remination and/or i	ath occurre	n, in my o	me, date i	and place, ath occure	and dua	to the ca	use(a) end ma a and placa, a	nner as state	ed. e ceuse(a)	and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER Tyn sting 7.		0	6)			29c. NCE			16			(Month, Day, Year)
		E OF DEATH (ITE							~			/ 1/

- -

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE C	F DEATH	REG. NO),	
	1. DECEDENT'S NAME (First, Midd	lle, Last)			7-1-1	2. DATE OF DEATH	WEAT	3. TIME OF DEATH
	BLANCHE CI	LEMENTINE McCA	סתינוע				NAY YEAR 01 91	0400 A M
-	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER 1 YEA	IF UNDER 24 HRS.	7. DATE OF BIRTH	3.2	THPLACE (State or Foreign
	227-32-0263	1 🗆 M 2 🔽 F	62 YRS.	MONTHS DAY		(Month, Day, Year) AUG 16	Cou	IRGINIA
5	OF THE CHARGON PARTY	AL MEDICAL CEN	TER		HESDA	PEACH	MONTGO	
		COUNTY	10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY
2	VIRGINIA	FAIRFAX	MCLI	EAN				1 YES 2 NO
LONGRAL	100. STREET AND NUMBER	E_LA MCLEAN,	VTRGTNTA		22101		109. CITIZEN O	F WNAT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 X Marri 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 I IF YES, GIVE WAR	YES 2 NO	If yes	DECENDENT OF HISP/ , specify Cuban, Mexic YES 2 NO Spec	ANIC ORIGIN? (Specify Yesan, Puerto Rican, etc.)	s or No- 14. R/	ACE — American Indian, ack, White, etc.
	(Specify only high	T'S EDUCATION lest grade completed)	16a. DECEDENT'S (Give kind of a	USUAL OCCUP	ATION most of working	16b. KIND OF BU	SINESS/INOUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	120	SEWIFE		Own	Home	
3	17. FATHER'S NAME (First, Middle,	Last)			16. MOTHER'S N	AME (First, Middle, Meider	n Sumame)	
	CHARLES 7	THOMAS EVANS			BLANG	CHE BENTON		
	19e. INFORMANT'S NAME (Type/P	rint)	19b. MAILING	ADDRESS (Str	et and Number or Aura	I Route Number, City or Tox	wn, State, Zip Code)	
2	RICHARD 3	J. McCARTHY	1909	WOODGA	ATE LA MCI	LEAN, VIRGI	INIA 22	101
- 16	20s. METHOD OF DISPOSITION 1 Q Burial 2 Cremation 3 4 Donation 5 Other (Spec	☐ Removal from State	OOL DI ACE AND DATE	E OF OICHOCIT	ON (Name		OCATION CIN. or	Town Otata
- 11-	21. SIGNATURE OF FUNERAL SEI)			Sons,		THE THE THE
	Misk	all Mol	son			in Ave, NW,		on,DC 20016
CERTIFICATION	Sequentielly list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a	AS A CONSEQUENCE O	T): 1	care	ial in	Couch	ou'
3		d						
EDICAL		onditions contributing to de				n Part I. 24s. WAS A PERFC	PRMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO ME	DICAL			B. PLACE OF DEATH (Check only one)		
2	EXAMINER? 1 Types 2 \(\square\) NO	HOSPITAL:	20.4-W-4 0 [] 200	OTHER:	- 1 24			
	27, MANNER OF DEATH 1 V Natural 5 Pend	28a. DATE OF IN. (Month, Day,	R/Outpatient 3 DOA DOA DOA DOA DOA DOA DOA DOA DOA DOA	E OF 28c	Home 8 Residence INJURY AT WORK? YES 2 NO	8 Other (Specify) 25d. DESCRIBE HOW	INJURY OCCURED	
ED BY	3 Suicide 8 Coul	d not be trilled	NJURY — Al home, farm, (Specify)			281. LOCATION (Street City or Town, State	t end Number or Ru e)	ral Route Number,
COMPLEIED	Control only	NG PHYSICIAN: To the best of my						ne(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF	Souder	60		29c. LICENSE N	UMBER 5 46	29d. DATE SIGN	NED (Month, Day, Year)
	30. NAME AND ADDRESS OF PER	RSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type	a, Print) Joh	n Tauber	M.D.	J A	interior of
	31. DATE FILEO (Month, Day, Year)	91 32. REGISTRAR'S	SIGNATURE POR	leve.				

I PP

1		A CUNNINGHAM I	MCSPADDEN	ATE OF	2. DA MO A	UG 29 1991	3. TIME OF DEATH 4:27
)	4. SOCIAL SECURITY NUMBER 229-44-9806 98. FACILITY NAME (If not institution, give	1 🗆 M 2 🖵 F	85 YRS. MO	DAYS D. CITY, TOWN (HOURS MIN. (M	EP 20 1905	BIRTHPLACE (State or Foreig Country) VIRGINIA Y OF DEATH
TOR	NATIONAL NAVAL N	MEDICAL CENTE			ETHESDA		ONTGOMERY
L DIRECTOR	The same and the same and the same	ONTGOMERY		GAITHE		10a CITIZE	10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	19314 GLUB	319 CLUBHOUSE HOUSE ROAD	ROAD	"	20879		TED STATES
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp	CENDENT OF HISPANIC OR lecity Cuban, Maxican, Pue 2 NO Specify:	IGIN? (Specify Yee or No- 14	4. RACE — American Indian, Black, White, atc. Specify: WHITE
COMPLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)		16e. DECEDENT'S US (Give kind of work life. Do NOT use n HOU!	NUAL OCCUPATION Address of the second	ON set of working	166. KIND OF BUSINESS/INDUS	STRY
MOX	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAME (Fit	st, Middle, Maiden Surname)	
BE C		BARKER HUDSON				MAUDE DENNIS	
2	190. INFORMANT'S NAME (Type/Print) JOSEPH M. MCSPAI	DDEN ID				lumber, City or Town, State, Zip C	
	20a. METHOD OF DISPOSITION 1 © Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	amoval from State	bb. PLACE AND DATE Of cemetary, crematory or ARLINGTON	F DISPOSITION	I (Name	THERSBURG MOTOR CHILD ARLINGTO	ty or Town, State
	21. SIGNATURE OR FUNERAL SERVICE	LICENSEE UOS	Sah 1	DEMAI	NE FUNERAL	HOMES, INC	
	1 22 DART i Enter the diseases of	or complications that cause	d the death. Do not		NDRIA, VIRO		et Annovimet
	22. PART i. Enter the diseases, canock, or heart failur immediate CAUSE (Finel disease or condition resulting in death)	a. SMALL (anter the mo			Intarvai Bet
NTION	ahock, Dr heart failur iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. SMALL (DUE TO (OR AS	CELL LUNG	anter the mo			st, Approximat Interval Bet Onset and I
RTIFICATION	ahock, Dr heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions,	a. SMALL (DUE TO (OR AS DUE TO (OR AS	CELL LUNG A CONSEQUENCE OF):	anter the mo			Intarvai Bet
	ahock, Dr heart failur iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	a. SMALL (DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):	CANCER	ode of dying, such as	cerdiac or reapiratory erred	Interval Bet Onset and
MEDICAL	ahock, Dr heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit	a. SMALL (DUE TO (OR AS DUE TO (OR AS C. DUE TO (OR AS d. HOSPITAL:	DELL LUNG A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in	CANCER	ode of dying, such as	I. 24e. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FIN AMILABLE PRIOR T COMPLETION OF CA OF DEATH?
PHYSICIAN: MEDICAL	ahock, Dr heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES X NO 27. MANNER OF DEATH 1 X Natural S Pending	a. SMALL (DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d. d. HOSPITAL: 1\Delta\text{ Inpatient } 2 \Boxed{1} ER/Out 28a. DATE OF INJURY (Month, Day, Year)	DELL LUNG A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in	tha underlying 26. POTHER: Nursing Horovery 1962. IN Washing Horovery 1962. IN Washing Horovery 1962. IN Washing Horovery 1962. IN Washing Horovery 1962. IN Washing Horovery 1962. IN Washing Horovery 1962. IN Washing Horovery 1962. IN Washing Horovery 1962. IN Washing Horovery 1962. IN Washing Horovery 1962. IN Washing Horovery 1962. IN Washing Horovery 1962. IN Washing Horovery 1962. IN Washing Horovery 1962. In Washing Horover	ode of dying, such as of grant of the part. LACE OF DEATH (Check on the 5 - Residence 6 - 6	I. 24a, WAS AN AUTOPSY PERFORMED? 1 □ YES 2 🏋 NO	Interval Bet Onset and Ons
D BY PHYSICIAN: MEDICAL	ahock, Dr heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielty list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES X NO 27. MANNER OF DEATH	a. SMALL (DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d. HOSPITAL: 1 N Inpetiant 2 = ER/Out 26a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY building, etc. (Spe	DELL LUNG A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in tpatient 3 □ DOA 4 28b. Time c INJUE	tha underlying 26. FOTHER: Number of William 1 Charles Charle	ede of dying, such as of the property of the p	I. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 X NO	Interval Bet Onset and Ons
BY PHYSICIAN: MEDICAL	ahock, Dr heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 27. MANNER OF DEATH 1 Natural 5 Pending investigatic 3 Suicide 6 Could not determined 29a. CERTIFIER (Check only) 1 CERTIFYING PH	a. SMALL (DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d. HOSPITAL: 1 N Inpetiant 2 = ER/Out 26a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY building, etc. (Spe	DELL LUNG A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in tpatient 3 DOA 4 28b. TIME (INJURE) IV — At home, farm, atreedity)	tha underlying 26. POTHER: Nursing Hotory M 1 = 26c. IN WY M 1 = 26c. IN WY AT WHAT WAS WAS WAS WAS WAS WAS WAS WAS WAS WAS	ode of dying, such as of the property of the p	I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 X NO Dither (Specify) DESCRIBE HOW INJURY OCCL LOCATION (Street and Number of City or Town, State)	Interval Bei Onset and 24b. WERE AUTOPSY FIN AMAILABLE PRIOR T COMPLETION OF C/ OF DEATH? 1 YES 2 N JRED W Rural Route Number,

32. REGISTRAR'S SIGNATURE
Julia Davidson Roodess.

31. DATE FILED (Month, Day, Year)

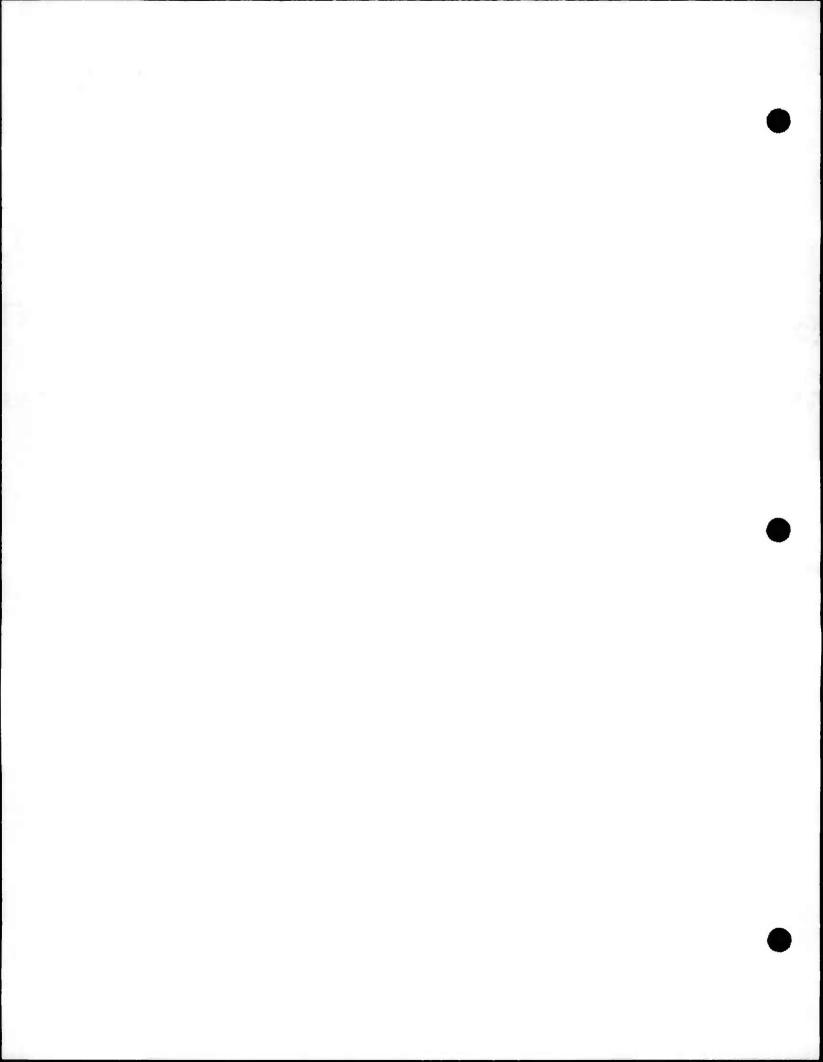
SFP 05 *91

TO BE COMPLETED BY FUNERAL DIRECTOR.

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DR	OIRE	NOURS	Tem !
TO THE HOSPITAL DA ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 yours after death. Page 6 may be retained by the host	TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burnal, cremation, or removal.	IMPORTANT: If tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
SPI	INER	thin.	N
EH	ER	M P	E
I	H	file.	PD
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR		OIMIL OI II	1111111111	CER	TIFIC	ATE (OF DE	EATH	HEHIAL	REG. NO.				
1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE	OF DEATH	v	YEAR	3. TIME OF DE	ATH
Ear.	l Fr	anklin	Mob.	ley ·						ember			10:00	P M
4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (in yrs. last birt		UNDER 1 YE		UNDER 24 HRS.		Dey, Year)		8. BIRTH Counts	IPLACE (State or	Foreign
217-03-9658		1 M 2 □ F	82	2 '	ras.	HINS OF	AYS HO	OHS MIN.		5, 1	909		ryland	
9a. FACILITY NAME (If not in	stitution, give s	treet and number)			96	CITY, TO	WN OR LO	OCATION OF DE				INTY OF D	EATH	
14156 Tran		Road			\perp	R	Rockv	ille			Mo	ntgo	mery	
10a. STATE	10b. COUNTY	Y		10	c. CITY, T	OWN OR L	OCATION						10d. INSIDE C	TY
Maryland	Mon	tgomery			Roc	kvil	le						1 X YES 2	□ NO
10s. STREET AND NUMBER							101, ZIP	CODE			10g. CI	TIZEN OF V	WHAT COUNTRY	?
14156 Trav	vilah :	Road					2	0850			Un	ited	States	3
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN	U.S. ARMED)			ENT OF HISPAN					E — American II k, White, etc.	
1 Never Married 2		IF YES, GIVE V						Cuban, Mexica X NO Specify		Hcan, atc.)		Spec	Hy:	
3 🔀 Widowed 4 🗌 Divo												1	Whit	e
15. DEC (Specify only	EDENT'S EDU- y highest grade	CATION completed)		18a. DECED	ind of work	done durir	IPATION ng most of	working	16b.	KIND OF BU	SINESS/IN	DUSTRY		
Elementary/Secondary (0	1-12)	College (1-4 or 5	+)	me. Do	NOT use re	sarea.)								
12				La	ndsc	aper					serv			
17. FATHER'S NAME (First, M	liddle, Last)						16.	MOTHER'S NA	ME (First, A	fiddle, Maiden	Surneme)			
George W.		У						Amand						
19a. INFORMANT'S NAME (1								lumber or Rural i					21793	
Ralph F. Mo									vard				. Mary	land
20a. METHOD OF DISPOSIT 1 M Burlel 2 ☐ Crematic	on 3 🗆 Rem	oval from Stata		other place)				y, crematory or				- City or To		
4 Donation 6 Other	(Specify)		_ 1	Forest	: Oak	Cem	eter	У		Gai	ther	sburg	,Maryl	and
21. SIGNATURE OF FUNERA			0 1	400381		Rob	ert	A. Pum	cium phrey	y Fune	ral	Home	/	
Barbara	40 Mc	Mullen ?	Jawn	unce		Roc	kvil	le, In	ille.	300 We . Marv	st M	ontg	/ omery 850-280	15
23. PART I. Enter the d shock, or h		complications the			. Do not	antar the	e moda d	of dylng, suc	h aa card	llec or reap	Iratory a	rreat,	Approx	
IMMEDIATE CAUSE (FI						^								and Death
disease or condition resulting in death)	\rightarrow	CARC				+	LUM	V6					19	con.
		DUE TO	(OR AS A	CONSEQUE	NCE OF):									
Sequentially list condit		b	(OR AS A	CONSEQUE	NCE OF:								-	
If any, laading to imme cause. Entar UNDERLY					30-0-7								Ì	
CAUSE (Disease or injuted that initiated events	ury S	DUE TO	(OR AS A	CONSEQUE	NCE OF):									
resulting in death) LAS	T T													
		0.												
PART II. Other algorifica		_					Per			24a. WAS AN PERFO		241	b. WERE AUTOPS AVAILABLE PRI	OR TO
Chrow	5 3	61 the	we	Pu	1/m	onas	my 1	Disea	2	1 - YES :	NO		OF DEATH?	OF CAUSE
Conges	hve	HOS	VT	Fa	lu	4					,		1 TYES 2	□ NO
Diale	eta	Me	11	Kis										
25. WAS CASE REFERRED T EXAMINER?	TO MEDICAL	HOSPITAL					26. PLACE	OF DEATH (C)	neck only or	ne)				
1 TES 2 NO		HOSPITAL: ,	☐ ER/Out	patiant 3 🗆	DOA 4	THER: ☐ Nursing	g Home 5	Residence	6 🗆 Othe	r (Specify)				
27. MANNER OF DEATH	59 59	28a. DATE O	F INJURY Day, Year)	2	86. TIME C		C. INJURY	AT	28d, DES	CRIBE HOW	INJURY O	CCURED		
1 X Netural 5 2 Accident	Pending investigation				12/1/18	М		2 🗌 NO						
3 Sulcide 6	Could not be		OF INJURY	' — At home,	farm, atre	et, factory	, office			ATION (Street or Town, State		er or Rural	Route Number,	
4 Homicide	determined													
29a. CERTIFIER (Check only	TIFYING PHYS	ICIAN: To the best of	f my know	riedge, death	occurred	at the time	o, date end	f place, and due	to the car	use(a) end ma	nner ee s	lated.		
anal .	NCAL EXAMIN	ER: On the basis of	examination	on end/or inve	atigation,	in my opin	olon, death	occured at the	time, deta	and place, a	nd due to	the cause	(a) and manner	a stated.
255 ATT ATURE AND TITLE	OF CERTIFIE	6	_				29	c. LICENSE NU	MBER				D (Month, Day, Y	
pol D	A	la	S		M	0		D26	540					
NAME AND ADDRESS O		HO COMPLETED CAI		EATH (ITEM 2	7) (Type, Pr	rint)	راد در	wich of	8.	60:	12.0	1/2.	9-91	0
31. DATE FILED (Month, Day)		en berg					-Care	744A 14		04	nes	nou	9 110	J
SED 04		Lilia	Mil	son Par	dage									
1 3FF U 4			wal all	more										



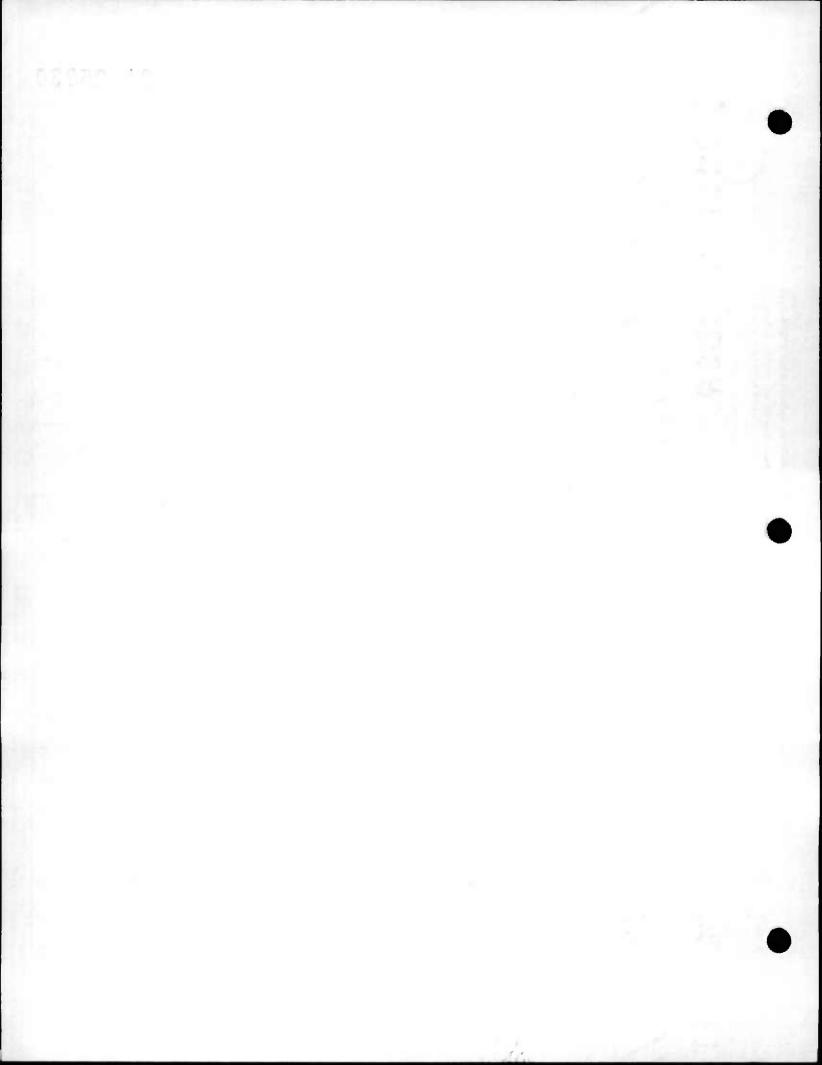
BALTIMORE, MARYLAND 21215-0020	retained by the hospital or attending physician,	5 should be detached for use as the burial-transit permit. Pages 1, 2, a	and of parties
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, a be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	WPORTANT: If them 28 is marked or item 23 shows any injury or other traumatic event, the medical examiner must be notified at once

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC	MENT OF HE	ALTH AND		YGIENE EG. NO.	91	2572	29
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D		YEAR	3. TIME OF DEATH	
1	MICHELINA 4. SOCIAL SECURITY NUMBER		MOSESSO			Sept.	6	1991	11; P.	M
1		4 C 11 4 C 4	A COLUMN TO SERVICE AND ADDRESS OF THE PARTY		F UNDER 24 HRS.	7. DATE OF B	Year)	a. BIRT	HPLACE (State or Forei	ign
	217-46-7759 9e. FACILITY NAME (If not institution, give stre	ΛΟ	0	9b. CITY, TOWN OR	LOCATION OF D	June (taly	
DIRECTOR	6011 Tenth Place			Chillu		ZEATH		ince	Georges	
REC	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATION	N.				10d. INSIDE CITY	
D		e Georges	Ch	illum					LIMITS?	0
FUNERAL	10e. STREET AND NUMBER			10f. Z	IP CODE		10g. CI	TIZEN OF	WHAT COUNTRY?	
NE	6011 Tenth Place				20782			JSA		
5	1 Never Married 2 Merried	12. WAS DECEDENT EVER II FORCES? 1 YES	2 NO	If yee, specif	ly Cuban, Mexic	NIC ORIGIN? (Sp en, Puerto Ricen,	ecify Yea or No— etc.)	14. RAC Blac	E — Americen Indien, k, White, etc.	
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 TYES 2	NO Speci	lfy:		Spec	White	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or	TION	16e. DECEDENT'S US	SUAL OCCUPATION rk done during most of	d unadia.	166. KINE	OF BUSINESS/II	IDUSTRY		_
91	Elementary/Secondary (0-t2)	College (1-4 or 5+)	life. Do NOT use	retired.)	or working					
MP	Unobtainable 17. FATHER'S NAME (First, Middle, Last)		Homema			Se.				
				1			Maiden Surname)			
H	Giacomo Perella 190. INFORMANT'S NAME (Typo/Print)		10h MAII INC A	DDRESS (Street and			elle Don			
임	Theodora Mosesso			10th Plac					82	
	20a. METHOD OF DISPOSITION	200	PLACE AND DATE OF	DISPOSITION (Name	of		20c. LOCATION -			
	1 N Burlei 2 Cremetion 3 Remov	ai from State cem	petery.crematory or other olive	et Cemete		101	Washin			
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE /	(22. NAME AND	ADDRESS OF FA	ACILITY		<u>g con</u>	, D.O.	
	* (Last	E. Illia	or/			Funera				
	23. PART I. Enter the diseases, or co	mplications that causer	the deeth. Do not	t enter the mode	of dying, suc	IPSDITE	AVE, S11	ver	Spring, MD	
	IMMEDIATE CAUSE (Fine)	st only one cause on e	ach line.	D			,		Interval Bets Onset and D	veen
	disease or condition resulting in death)	CARDIA	re Arn	hyThmi	a					0041
		DUE TO (OR AS A	CONSEQUENCE OF):		-					
N	Sequentially list conditions, b.		tc en							
ATI	If any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):	huruit	tension	N				
FIC	CAUSE (Diseese or Injury that initiated events	DUE TO JOR AS A	CONSEQUENCE OF):	14 1	77770	,-				
CERTIFICATION	resulting in death) LAST	MAHUU	CONSEQUENCE OF): NATY CONSEQUENCE OF): LAL LAL	T dis-	ense				Ì	
	PART II. Other significant conditions									
PHYSICIAN: MEDICAL	The state of the s	contributing to destil b	ut not resulting in	the underlying c	euse given in		WAS AN AUTOPSY PERFORMED?	246	WERE AUTOPSY FIND AVAILABLE PRIOR TO	
ED						1 🗆	YES 2 MO		OF DEATH?	3E.
Σ.						-			1 YES 2 NO	
X	25. WAS CASE REFERRED TO MEDICAL			26. PLAC	E OF DEATH (Ch	heck only one)				
SIC		HOSPITAL:		OTHER:			c/h/)			
E	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (DF 28c, INJURY	r AT		HOW INJURY O	CCURED		
BY	1 Natural 5 Pending 2 Accident Investigation	N	IA		2 NO					
	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, etc. (Spec	- At home, farm, atre	et, tactory, office		28f. LOCATION City or Tow	(Street and Numbers, State)	or or Rural I	Route Number,	
COMPLETED										
MPL		AN: To the best of my knowl								
S	2 MEDICAL EXAMINER:	On the basis of axamination	and/or investigation,	in my opinion, death	n occured at the	time, date end p	lace, end due to t	he cause(s	e) end menner ee atate	d.
H	29b. SIGNATURE AND TITLE OF CERTIFIER	C C 2 4 6	26	29	C. LICENSE NUI		29d. DA	TE SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	TH STEM 27 Gran D	nine)	D394			7/	+/9/	
	LILAT. MCC	ONNEIL	M-2 5:	530 W.	sco.us	siv A	12 Cle.	190	Rase MQ	-
	SEP 10 '91	32. REGISTRAR'S SIGNA	ATURE Adapte 19							

Court of

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	LAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 Sur after death. Page 6 may be retained by the hospital or attending physic	y the hospital or attending physic
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal.	be detached for use as the burial
be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burlal, cremation, or removal.	
IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	at once.

	REGISTRAR		CERTIF	ICATE OF	DEATH	R	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF I			3. TIME OF DEATH
	HELEN H. MULI	LINGS				MONTH	t 31, 1	YEAR QQ7	9:15 Pm
1	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	W 1818PR 24 1922	7. DATE OF E			IPLACE (State or Foreign
	579-20-4686	1 M 2 X F	76 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month, Da	y, 1915	Counti	nington, DC
	Sa. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF D			OUNTY OF D	
œ	A - 110	The second second				E-1111	- 1	111-11	
2	Collingswood Nur	sing Home	2	Rockvi	TTE		Mo	ntgom	ery
ပ	10a, STATE 10b, COUNT	TY.	100 00	Y, TOWN OR LOCA	TION				10d. INSIDE CITY
E	1000								_LIMITS?
	None No	ne	W.	ashingto	n, DC				1 A YES 2 NO
4	104. STREET AND NUMBER			10	f. ZIP CODE		10g.	CITIZEN OF V	WHAT COUNTRY?
FUNERAL DIRECTOR	4201 Butterworth	Place, N	īW		20016		U	SA	
3	11. MARITAL STATUS		T EVER IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (S.			E — American Indien,
	1 Never Married 2 Married	FORCES? 1	YES 2 XNO	If yes, or	ecify Cuben, Mexico	an, Puerto Ricar		Blac	k, White, etc.
B	3XXWidowed 4 Divorced	IF YES, GIVE W	IAH OR DATES	1 U YES	Specific Spe	ry:		Spec	mite
	15. DECEDENT'S EDI	ICATION	150 DECEDENTS	USUAL OCCUPATI	O41	405 1/16	ID OF BUSINESS		IIIC
뿌ᆙ	(Specify only highest gred		(Give kind of	work done during m	ost of working	FOOL PUR	ID OF BUSINESS	INDUSTRI	
쁘ㅣ	Elementary/Secondary (0-12)	College (1-4 or 8 +	+)	2.63//.		D.0	D 111	a 1	1 0
을 l	12		Admin	istrativ	e Ald	DC	Public	School	ol System
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, Middl	le, Malden Surnam	(0)	
11	William Gifford				Laura	Coryel.	1		
8	19a. INFORMANT'S NAME (Type/Print)		19b. MAIL INC	ADDRESS (Street	and Number or Rural			Zin Codel	
2	Marianne Toms						-		27713
					r Fletch				
	20a. METHOD OF DISPOSITION 1 X Burial 2 ☐ Cremation 3 ☐ Rer	movel from Btate	20b. PLACE OF DISPO		,,		20c. LOCATION		
	4 Donation 8 Other (Specify)		_ Cedar Hi	ll Cemet	ery		Suitla	nd, Ma	aryland
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSER	. 1		ND ADDRESS OF FA				
	► Ch/ F	X/	11.0		Funeral				
	"Monn"	121	101						DC 20007
	23. PARTY Enter the diseases, or shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Chronic	Obstructiv	e Pulmon					Approximata Interval Between Onset and Death 8 years
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b. OUE TO	(OR AS A CONSEQUENCE O	DF):					
3	cause. Enter UNDERLYING	C.							
Ē	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSEQUENCE O	OF):					
눈	resulting in death) LAST								
빙		d.							
	PART II. Other significant condition	one contributing to	death but not resulting	In the undarlying	ig cause given in	Part I. 24	a. WAS AN AUTOF	SY 24	. WERE AUTOPSY FINDINGS
EDICAL	Chronic Brain	Syndrome					PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
						— ''	☐ YES 2 📉 NO	' I	OF DEATH?
Σ						_			1 YES 2 NO
Ë									n/a
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (C	heck only one)			
S	1 TES 2 NO	HOSPITAL:	ER/Outpetient 3 DOA	OTHER:	ne 5 🗆 Residence	6 Other (S)	pec(fv)		
主	27. MANNER OF DEATH	28a. DATE OF	INJURY 28b, TI	ME OF 28c. IN	JURY AT		BE HOW INJURY	OCCURED	
0	1 X Natural 8 Pending	(Month, E	Day, Year) Ih	JURY W	ORK? YES 2 ND				
84	2 Accident Investigation								
0	3 Suicide 6 Could not be 4 Homicide determined	building,	OF INJURY At home, form, , etc. (Specify)	street, factory, offi	De	28f. LOCATIO	ON (Street and Nur own, State)	nber or Flural	Floute Number,
	4 Homicide determined								
2	29a. CERTIFIER 1 X CERTIFYING PHY	SICIAN: To the best of	f my knowledge, death occur	red at the time, det	e and place, and du	e to the causel	e) and manner as	stated	
Ž	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and the second s	amination and/of Investigat						a) and manner on about
COMPLETED	/V	/ / /		, at my opinion,	action occurred at III	- virre, Gate Sint	- proce, and oue	THE CHURCH	-, mainer as states.
BE (286. SIGNATURE AND TITLE OF CERTIF	1/	· + . n	MAX	29c. LICENSE NU	JMBER	29d.	DATE SIGNE	D (Month, Day, Year)
	May n	1 - / Ve	gull ,	(V: ()	D 1640	8	•	Sept.	1, 1991
2	30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CAU	SE OF DEATH (ITEM 27) (No	e, Print)		-	1	Jupe.	-, -//-
	1 /	1 m 1			_ Mach	noto-	DC 200	36 C.	ite 210
	John J. Hugh		THE RESERVE TO THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	LeeL, NW	- Washi	ngcon,	DC 200	אכ טכ	ite 310
	31. DATE FILED (Month, Day, Year) SFP 0 4 9		hia Davidson Ran						
		16.5	(a / lauri / a 70)	2 00					



IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medicel examiner must be notified at once.

-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
I, D	DECEDENT'S NAME (First, Middle, Last)		2. DATE O	F DEATH

	st)							2. DATE	OF DEATH			3. TIME OF DEATH
	John	Michael		Maha	aney			Sept	ember	9,	1991	11:00 A
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH		8. BIRTI	HPLACE (State or Foreign
579-09-8778	1 M 2 F	73	YRS.	MONTHS	DAYS	HOURS	MIN.	Aug.	Day, Year)	1918	Wash	ington, D
9a. FACILITY NAME (If not institution, giv	re street and number)			9b. CITY,	TOWN (R LOCATIO	N OF DE				UNTY OF E	
6501 Kansas Lar	ne			Ta	koma	Par	<			Prin	nce G	George's.
Manual and Drain	nty nce George	10		y, town o								10d. INSIDE CITY LIMITS?
Maryland Prin	ice dedige	; 5	Ia	KUIIIa			-			T		1 TES 2 NO
6501 Kansas Lar	ne				101	, ZIP COOE	20	912				States
11. MARITAL STATUS 1 Never Married 2 Merried 3 X Widowed 4 Divorced	FORCES?	NT EVER IN U.S. ARM 1XXYES 2 □ N WAR OR DATES VW II	MED O	1	f yes, sp	ENCENT OF	, Mexica	n, Puerto F	? (Specify Yolican, atc.)	e or No—	Spec	E — American Indian, ik, While, atc. illy: Vhite
15. DECEDENT'S El (Specify only highest gri Elementary/Secondary (0-12) 12	DUCATION ade completed) College (1-4 or 5	(GN	ve kind of Do NOT u	usual oc work done o se retired.)	during mo	ON at of working	,		. C.			nt
17. FATHER'S NAME (First, Middle, Last)	97								Aiddle, Maide			
William Francis	Mahaney						<u> </u>		izabe			
19a. INFORMANT'S NAME (Typo/Print) Toni Reyes									Park,			2
20s. METHOD OF DISPOSITION		20b. PLACE C	OF DISPO									own, State
1 Burial 2 Cremation 3 Re 4 Donation 6 Other (Specify)	emoval from State	other pla	ice)	Cre							•	ng, Maryla
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE K	app		Ra	app		ral	Serv:	ices,			MD 20910
	DUE TO	O (OR AS A CONSEO					-					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. Due to	neun o (or as a conseo	10	wis	do	Tax	is)				
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. Bue no	DUN AS A CONSECUTION OF AS	DUENCE O	mis int								
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. Bue no	DUN AS A CONSECUTION OF AS	DUENCE O	mis int					24a. WAS A PERFC	PRMED?	Y 240	b. WERE AUTOPSY FIND AMILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit	c. But to the relation of the	DUN AS A CONSECUTION OF AS	DUENCE O	mis int	derlyin		iven in	Part 1.	PERFO	PRMED?	Y 241	AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
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Spital or attend	hed for use as		_,
ned by the ho	ould be detac		led at once
lay be retai	page 5 sh		t be notif
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after death	by the fune	moval.	ical exam
n - nurs	ly filled in t	ation, or re-	the med
ecuted withi	nd complete	burial, crem	itle event,
icate be exe	physician ar	ne prior to t	er trauma
death certif	attending	ental Hygier	iry, or oth
es that the	gned by the	alth and M	s any inju
law requir	nas been si	Dept. of He	23 show
SICIAN: The	certificate	the State	I, or Item
VDING PHY	: After this	death with	is marked
L OR ATTEN	DIRECTOR	hours after	Item 28
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within statence death. Page 6 may be retained by the hospital or attence	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR											0.1	25732
	1 - STATE REGISTRAR	STATE OF N	/MARYLAND /				DEAT			HYGIEN	E	91	20106
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF		v	YEAR	3. TIME OF DEATH
)	Ruth Elizabeth								9		9 9		3.07 PH
		5. SEX	6. AGE (In yrs. les		IF UNDE	DAYS	IF UNDER	24 HRS.	7. DATE OF (Month, D			8. BIRTH	IPLACE (Stete or Foreign
, A		1 🗌 M 2 🗍 F XX	_89	YRS.		54.10	HOUND	and the	8-11				vland
OC.	9a. FACILITY NAME (If not institution, give street	it and number)			9b. CIT	Y, TOWN C	OR LOCATIO	ON OF DE	EATH		9c. COL	INTY OF D	EATH
5	Presbyterian Hom	e of N	1d., Ir	ıc.		OWSO	n				B	alti	more
DIRECTOR	10a. STATE 10b. COUNTY				Y, TOWN	OR LOCAT	TION	-					10d. INSIDE CITY
0	Maryland Balt	cimore		To	wso	n							LIMITS?
AL	10e. STREET AND NUMBER					101	ZIP CODE				10g. CIT	IZEN OF W	WHAT COUNTRY?
FUNERAL	400 Georgia Cov	ırt.					2120	14			TT	C	
5	11. MARITAL STATUS	2. WAS DECEDEN	T EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT O	F HISPAN	IIC ORIGIN? (S	Specify Yes	or No-	S . 14. RACE	- American Indian,
BY	1 Never Merried 2 Merried 3 🔀 Wildowed 4 Divorced	IF YES, GIVE W	YES 2	ξo		If yes, sp	ecify Cuba 2 ⊡-NØ	n, Mexice Specify	n, Puerto Rica	n, atc.)	10.0		white, etc.
	XX.												· WHILE
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con	mpleted)	(G	CEDENT'S ive kind of a	work done	durina mo	ON st of workin	g	18b. KII	ND OF BUS	INESS/INI	DUSTRY	
7	Elementary/Secondary (0-12) (College (1-4 or 5+) =										
8	17. FATHER'S NAME (First, Middle, Last)		Nu	rsi	nα								
									ME (First, Mide				
BE	Charles Klutch 190. INFORMANT'S NAME (Type/Print)		10/	h MAILING	ADDRES	C /Ctmat a			Poute Number,				
2	Succes Dural												
	Sugan Duel 20a. METHOD OF DISPOSITION		20b. PLACE					ırt.	TOWS			212 City or Ton	
	1 Buriel 2 Cremation 3 Removal 42 Donation 5 Other (Specify)		cametery, cre	metory or o			ine or		DATE	20C. LOC	AIION —	City or 10	wn, State
1	21-SUMATURE OF FUNERAL SERVICE LICENS	BEE Ronal	d Wade.	Dir	22.	NAME AN	ID ADDRES	S OF FAC	CILITY St	ate 7	nato	mız B	nard
	Markell DOLL	was.	9/20/91	D-1					ore St				
-	20 PART L Enter Ma discount	see											
	23 PART I. Enter the diseases, or com shock, or heart failure. List	it only one cau	caused the da se on each line	ath. Dor	ot enter	r the mo	de of dyle	ng, auct	h aa cardiac	or reapir	atory an	reat,	Approximata Interval Batween
	IMMEDIATE CAUSE (Final disease or condition	10		4		100	,						Onset and Death
	reaulting in death) a	CAR	Dio Du	4	/	71211	est	-					MIN
	_	0 -	DID OL OR AS A GONSEC CEBRA	DUENCE OF	1/4-	. /		1.	1	-			-
CERTIFICATION	Sequentially list conditions, b	DUE TO	OR AS A CONSEC	DUENCE OF	103	CUI	9 R	Ne	CIDE	M			3 DAYS
¥	If any, leading to immediate cause. Enter UNDERLYING				,								
트	CAUSE (Disease or Injury that Initiated events	DUE TO	OR AS A CONSEC	DUENCE OF	j:								
F	resulting in death) LAST												
_	DADT II Other classificant and distance												
PHYSICIAN: MEDICAL	PART II. Other algnificant conditions c						7500			PERFORE			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă	ARTERIOSCIER	one c	THE DIO	VAS	cul	AR	1)10	sea.	SQ 11	YES 2	No		COMPLETION OF CAUSE OF DEATH?
×	PNEWMONIA												1 YES 2 NO
Ž													
힐	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:			OTHE	26. PL	ACE OF DE	ATH (Che	ick only one)				
1×S	1 YES 2 NO 1	1	ER/Outpetlant 3		4 🗆 Nu	ning Home	5 🗆 Res	sidenca	8 Other (St	pecity) Re	TIRE	0110	it Ilme
	1 Netural 5 Pending	28e. DATE OF (Month, Da		28b. TIM	- 01	WOI	RK?		28d. DESCRI	BE HOW IN	JURY OC	CURED	
B	2 Accident Investigation	28a DI ACE OF	(M. II) IPM		M		ES 2	NO					
	3 Suicide 8 Could not be 4 Homicide determined	building,	FINJURY — At hor etc. (Specify)	me, term, s	treat, fac	tory, office	•		28f. LOCATIO	N (Street er wn, State)	nd Number	or Rural Ro	oute Number,
COMPLETED	29e. CERTIFIER												
MP	(Check only 1 CERTIFYING PHYSICIAN	N: To the best of i	my knowledge, de	eth occurre	d at the t	time, date	and place,	end due	to the cause(a) and manr	ner ee stat	ed.	
g	2 MEDICAL EXAMINER: 0	In the beale of ex	aminetion and/or i	nveatigatio	n, In my o	opinion, de	eth occure	d at the t	time, data end	place, and	due to th	e ceuse(s)	end menner ee stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	4.					29c. LICE	NSE NUM	BER			-	(Month, Day, Year)
0	Menary	M.J)				DI	10	26		•	9-1	9-91

Mandell

BALTIMORE, MARYLAND 21215-0020	1.24 nours after death. Page 6 may be retained by the hospital or attending physical	y filled in by the funeral director, page 5 should be detached for use as the builtion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR		CE	RTIF	ICATE C	F DEATH	MENT	REG. NO			
1. DECEDENT'S NAME (First, Mic	idle, Lasi)					2. DAT	E OF DEATH	DAY	YEAR	3. TIME OF DEATH
	INE MALASPIN					7.5		_	1991	3:00 p
4. SOCIAL SECURITY NUMBER	5. SEX 1	6. AGE (In yrs. last	VRS.	IF UNDER 1 YE		(Mo	E OF BIRTH oth, Day, Year)		Countr	
578-22-0513 9e. FACILITY NAME (If not institute	Λ	68	Tho.	9h CITY TO	VN OR LOCATION OF		28, 1			LAND
St. Mary's RESIDENCE OF DECED 100. STATE 100 MARYLAND					ardtown	DEATH			t. Ma	
10e. STATE 108	. COUNTY		10c, CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY LIMITS?
MARYLAND 100, STREET AND NUMBER	ST. MARY'S			MECHAN	ICSVILLE					1 TES 2 NO
P.O. BOX 996					20659				U.S.A	HAT COUNTRY?
10e. STREET AND NUMBER P.O. BOX 996 11. MARITAL STATUS 1 Never Merried 2 Mar 3 Wildowed 4 Divorced	ried FORCES?	IT EVER IN U.S. ARI YES 2 X N WAR OR DATES	MED	If yes	DECENDENT OF HISP , specify Cuban, Maxi YES 2 NO Spe	can, Puarte	ilN? (Specify Yo o Rican, atc.)	ee or No-	t4. RACE Black Speck	•
(Specify only high	NT'S EDUCATION hest grade completed)	(G/	ve kind of s	USUAL OCCUP	ATION most of working	10	Sb. KIND OF B	JSINESS/II		
Elementary/Secondary (0-12) 12TH GRADE	College (1-4 or 5	+) Iffe.	Do NOT us	se retired.) ADJUS			STATE	COVE	RNMEN	ηr
17. FATHER'S NAME (First, Middle,	Last)				18. MOTHER'S					
	. MILLS				ELLA		REE			
19e. INFORMANT'S NAME (Type/F					et and Number or Run					
ANTONIO J. MA	LASPINA				77D , HOI					0636
X Buriel 2 ☐ Cremation 3 4 ☐ Donetion 5 ☐ Other (Spe	city)	CHARL	ES M	EMORIA	I (Nama of L GARDENS	8/3	0/91 L	EONA	— City or Too RDTOW	vn, State N, MARYLAN
21 SIGNATURE OF FUNERAL SE	RVICE LICENSEI	ardine	,)	MATT	INGLEY-GA	RDIN	ER FUN	ERAL	HOME	, P.A. AND 20650
23. PART I Enter the disee shock, or heert iMMEDIATE CAUSE (Final disease or condition	ranure. List only one cet	ise on each line.						oiratory s	rrest,	Approximata interval Batwee Onsat and Deat
resulting in death)	S. C. All DUE TO MIT	OR AS A CONSEC	UENCE OF	Toply	Annes	7				5 menut
Sequentially list conditions	a mer	ASTAT.	ic	CA	RCINO.	MA				mmy men
if any, leading to immediate cause. Enter UNDERLYING		(OR AS A CONSEO	UENCE OF	F):						
CAUSE (Disesse or injury that initisted events resulting in deeth) LAST	c. DUE TO	(OR AS A CONSEO	UENCE OF	F):						
PART II. Other significent c	onditions contributing to	deeth but not re	sulting i	n the underl	ing ceuse given i	n Pert I.	24a. WAS A		7 24b.	WERE AUTOPSY FINDINGS
							PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO ME	DICAL									
EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	PLACE OF DEATH (C					
27. MANNER OF DEATH 1 Netural 5 Pend	28e. DATE OF	INJURY	28b. TIM	E OF 28c.	INJURY AT WORK?		SCRIBE HOW	INJURY O	CCURED	
3 Suicida s Coul	28e. PLACE O	F INJURY — At honetc. (Specify)	ne, ferm, s			28f. LO	CATION (Street y or Town, State	end Numb	er or Rural R	oute Number,
29a. CERTIFIER (Check only one) 1 CERTIFYIN 2 MEDICAL	IG PHYSICIAN: To the best of a	my knowledge, daa tamination and/or in	th occurre	n, in my opinio	ate and piece, end du	e to the co	e end place, e	nner ee at	ated. the ceuse(e)	end menner ee stated.
29b. SIGNATURE AND TOTLE OF	D 1/4	4			29c. LICENSE NO			29d. DA	TE SIGNED	(Mosth, Day, Year)
30. NAME AND ADDRESS OF PER JAMES I. DAMA	SON WHO COMPLETED CAUS LOUJI, M.D.					2065	n		1	
31. DATE FILED (Month, Day, Year)					WATER HATA	2003				
SEP 03	'91 delia	R'S SIGNATURE Davidson-R	andall							

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Edward Service

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Dept.	23
State	Item
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or death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	marked,
D Ja	99

31. DATE FILED (Month, Day, Year)
SEP 1 6 '91

													91	25734
	1 - FOR STATE REGISTRAR		STATE OF I	MARYLAND /	DEPAR	RTMENT	OF H	EALTH	AND I		HYGIEN REG. NO.		J 1	20104
	1. DECEDENT'S NAME (First,	Middle, Last)					- 01	DEA		2. DATE OF				A 7845 OF 25 15 15
j., j	FERNE DARLE	ENE MO	T.ANE							MONTH	EMBE	7 12	YEAR 91	3. TIME OF DEATH
1	4. SOCIAL SECURITY NUMBE		5. SEX	6. AGE (In yrs. les	et hirthday	IF UNDER	. WEAR	IF UNDER		7. DATE OF		K 13		6:40 P M
1	186-28-5579		1 🗆 M 2 🔀 F			MONTHS	DAYS	HOURA	24 HRS.	(Month, E	BIRTN Day, Year)		a. BIRTHE	PLACE (State or Foreign
1	9a. FACILITY NAME (If not ins		4.5	54	4 YRS.						01	1937	P	Α
œ						9b. CITY,		R LOCATI		ATN		9c. COU	NTY OF DE	ATH
0	NATIONAL NA	AVAL N	EDICAL C	ENTER	_		BET	HESE	PΑ			MC	NTGO	MERY
S C	10a, STATE	10b. COUNT	v		1 400 017	Y. TOWN O	010017	101						
DIRECTOR	MD	CIII N	IARY'S											10d. INSIDE CITY LIMITS?
_	10e, STREET AND NUMBER	31 P	IAKY S		[CA	LIFO		_						1 TES 2 X NO
FUNERAL							101.	ZIP CODE	E			10g. CITI	ZEN OF W	HAT COUNTRY?
Ä	219 NORR	IS DRI						2061					U.S.	
5	11. MARITAL STATUS 1 Never Married 2 X h		12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AR	MED	13. V	NAS DECI	ENDENT O	F HISPAN	IIC ORIGIN? (Specify Yea	or No-	14. RACE	- American Indian, White, atc.
BY	3 Widowed 4 Divon	married	IF YES, GIVE W	AR OR DATES		1	YES	2 X NO	Specify	n, Puarto Hici	en, etc.)		Specify	WHITE
		72	l											MHITE
H	15, DECE (Specify only	DENT'S EDU highest grade	CATION completed)	/G	ive kind of a	USUAL OC	CUPATIO	N et of workin	a	16b. Ki	ND OF BUS	SINESS/IND	USTRY	
4	Elementary/Secondary (0-1	12)	College (1-4 or 5 e	/// //////////////////////////////////	Do NOT us	se retired.)	-							
₽					HOME	MAKE	R				n/a			
COMPLETED	17. FATHER'S NAME (First, Mid									ME (First, Midd		Sumame)		
BE	JOHN EARL SH	ITKLEY						HE	LEN	W. WA	LKER			
0	19a. INFORMANT'S NAME (Typ.			190	b. MAILING	ADDRESS	(Street ar	nd Number	or Rural R	Route Number,	City or Town	n, State, Zip	Code)	
F	JACK LINN MC	CLANE		2	219 N	ORRI	S DR	IVE,	CAL	IFORN	IA MI	, 2	0619	
	20a METHOD OF DISPOSITIO	ON		20b. PLACE	ANDDATE	OF DISPOSI			-	DATE		CATION —	City or Tow	n State
	1 Donation 5 Other (Specify)	oval from State	cemetery, cre	matory or o	ther place)			NIC	1				
	21, SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE	CHARLI	70 I.II.			D ADDRES		YILITY	LEOR	VARDI	OWN,	MARYLAND
	March	12	19	11 -							FUNE	ERAL	HOME	, P.A.
	11 puni	ue!	Har	dener	/	P.	O. B	OX 2	70	LEONA	RIVIN	JNI M	A DVT	AND 20650
	23. PART I. Enter the dis	esses, or cart fallure.	complications that List only one cau	csused the de	ath. Do r	ot enter	the mod	de of dyl	ng, auch	aa cerdisc	or respli	ratory arn	est,	Approximate
	IMMEDIATE CAUSE (Fina		,	4										Onact and Death
	disease or condition resulting in death)	>	P	ANCRATIT	TIS									
	,			(OR AS A CONSEC		F):								1
Z	Consumately Notice and		b											
CERTIFICATION	Sequentisity list condition If any, leading to immedi	ma,		OR AS A CONSEC	DUENCE OF	ŋ:								1
S	cause. Enter UNDERLYIN CAUSE (Disease or injun		2.											
E	that initisted eventa		DUE TO	OR AS A CONSEC	DUENCE OF	7:								
E	reaulting in death) LAST		1.											
	DART if Other significant	t condition												+
PHYSICIAN: MEDICAL	PART ii. Other aignificant	Condition	s contributing to	desth but not n	esuiting i	n the unc	derlying	csuse g	lven in f	Part i. 24	a. WAS AN A			WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
ă										_ 1	YES 2			COMPLETION OF CAUSE DF DEATH?
¥													- 1	1 TES 2 NO
ż										_				
≶	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					28. PL/	ICE OF DE	ATN (Che	ck only one)				
)S	1 YES 2 NO		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	:			Other (S)	naciful.			
È	27. MANNER OF DEATH		26s. DATE OF	INJURY	28b, TIMI	E OF	28c. INJU	RY AT	HUBINCE C	26d. DESCRI		JURY OCC	URFO	
7	1 Natural 5 P		(Month, De	ly, Year)	LMI	URY M	WOR	IK? ES 2 🗌	NO				OTILD	
BY	3 Suiside	vestigation	28e. PLACE OF	F INJURY — At hor	pe, ferm, a	treet facto			-	201 1 OCATIO	M /Charles	-d M6	0 10	
COMPLETED	- 0 0	ould not be Harmined	building,	etc. (Specify)	,,	art, recto	ry, ornea			28f. LOCATIO	own, State)	na Number (or Hurai Hot	ute Number,
<u>u</u>	29a. CERTIFIER													
린	(Check only	YING PHYSIC	CIAN: To the beat of	my knowledge, des	th occurre	d at the tim	ne, data s	ind placa,	and dua t	to the cause(s) and mani	ner as atate	d.	
ģ I	2 MEDIC	AL EXAMINE	R: On the beals of ax	amination and/or is	nveatigation	n, In my op	Inion, de	eth occure	d at the t	lme, data and	placa, and	dua to the	canse(s)	and manner as stated.
BE 0	29b. SIGNATURE AND TITLE O	F CERTIFIER						29c. LICEI	VSE NUM	BER	Т	29d, DATE	SIGNED /A	Month, Day, Year)
	alen E	134 Ye	by mi	2.				51	147	10				
임	30. NAME AND ADDRESS OF F	PERSON WHO	COMPLETED CAUS	E OF DEATH (ITEM	27) (Type.	Print)			141			5	CPT	13 91
	ALAN E. MC	LUCKI	E, MD N	NMC BET	HESD	A, MI	20	0879						
1														

32. REGISTRAR'S SIGNATURE and all

1	•	STATE REGISTRAR	
	1. D	ECEDENT'S NAM	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1. DECEDENT'S NAME (First, I	Addednilla Canal												
	SYLVIA J		IATT							2. DATE OF MONTH	DEATH DAY		91	3. TIME OF DEATH 1:25
	4. SOCIAL SECURITY NUMBER		5. SEX	8. AGE (In yra	lest birthday)	IF UNDER	1 YEAR	IF UNDER 2	4 HRS	7. DATE OF			-	HPLACE (State or For
	134-20-883		1 M 2 F	69	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De	ly, Year)	22	Coun	rtry)
	9a. FACILITY NAME (If not inst			09	-	01.0120					19	_		YORK
						9b. CITY		OR LOCATIO		AIH			UNTY OF	
è	1422 ANNA		ROAD				ODE	ENTON	<u> </u>			A	NNE	ARUNDE
•		10b. COUNT	Υ		10c. CI	TY, TOWN	DR LOCAT	TION						10d. INSIDE CITY
	MARYLAND	ΔN	NE ARUI	IDET.			OF	ENTO	NT.					LIMITS?
	10e. STREET AND NUMBER	2.11	TAD TITOI	ער הרלוא.				H. ZIP CODE		_		10a Cl	TIZEN OF	WHAT COUNTRY?
LONGLAR	1422 ANNA	POLTS	ROAD					211						S.A.
	11. MARITAL STATUS		12. WAS DECEDER	NT EVER IN U.S.	ARMED	13	WAS DEC			IIC ORIGIN? (S	inacify Van	or No.	_	
	1 Never Married 2 N	Married	FORCES?	MAR OR DATES	TINO	- 1	If yes, sp		, Mexica	n, Puarto Rica				CE — American India ck, White, etc. c/ly:
5	3X Widowed 4 Divorce	ced	" 120, 0112	INTO ON DATES			T [] TES	2 MINO	Specify	`.			WI	HITE
3	15. DECE	DENT'S EDU	ICATION	16a	. DECEDENT	S USUAL O	CCUPATION	ION		16b. KJ	ND OF BUS	INESS/IN	DUSTRY	
	Elementary/Secondary (0-1		College (1-4 or 8	+)	life. Do NOT	ise retired.)	during mic	ost of working	,					
	12		O		HO	USEW	IFE	3			HO	MEM	AKE	R
	17. FATHER'S NAME (First, Mid	ddle, Last)						18. MOTH	ER'S NA	ME (First, Midd	lle, Malden	Sumame)		
u I	ALBERT J	LY	TLE					ANI	NIE	WOOL				
0	19a. INFORMANT'S NAME (Ty)									Route Number,				
2	JAMES A.	McNA'	TT		1422	ANN	APO	LIS I	ROA	D-ODE	NTON	, MI). 2	1113
	204 METHOD OF DISPOSITIO	P	on year		ACE AND DAT					DATE	20c. LO	CATION -	- City or 1	Town, State
	1 ABurial 2 Cremation 4 Donation 5 Donation	5 3 □ Rem	noval from State	AR	LINGI	ON I	VAT	IONA	L	9/5	ARL	ING'	TON.	VA.
	21. SIONATURE OF PAMERAL		CENSE	1		22.	NAME A	ND ADDRES	S OF FA	CILITY				904
	1 //0	w	d. No	my	rang	R	AYM	IOND	C	FINK	FUN:	ERA.	L HO	OME 210
\dashv	23. PART I. Enter the die	-												NIE, MD.
- 1				VIU F C	1111 1 44	7/11	12 -	110/1						
RTIFICATION	Sequentially list condition if any, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or injurthat initiated events resulting in death) LAST		b. Meta DUE TO c. Left DOE TO	O (OR AS A CO) O (OR AS A CO) O (OR AS A CO)	NSEQUENCE (DF): CULATOF):	a,	Cano Coo	en	loga Th	ing			
MEDICAL CERTIFICATION	Sequentially list condition if any, leading to immed ceuse. Enter UNDERLYIN CAUSE (Disease or injurthat initiated events		d							Part I. 24	III. WAS AN PERFOR	MED?	Y 24	Ib. WERE AUTOPSY FI AWALABLE PRIOR COMPLETION DF (OF DEATH?
MEDICAL	Sequentially list condition of any, leading to immediate ceuse. Enter UNDERLYIN CAUSE (Disease or Injurthat Initiated events resulting in death) LAST	nt condition	d							Part I. 24	a. WAS AN PERFOR	MED?	Y 24	AVAILABLE PRIOR COMPLETION OF COMPLETION OF
MEDICAL	Sequentially list condition of any, leading to immediate cause. Enter UNDERLYIN CAUSE (Disease or Injurthat Initiated events resulting in death) LAST PART II. Other eignificer	nt condition	d			In the u	ndariyin 26. P		Iven in	Part I. 24	a. WAS AN PERFOR	MED?	Y 24	AVAILABLE PRIOR COMPLETION OF
MEDICAL	Sequentially list condition if any, leading to immediate cause. Enter UNDERLYIN CAUSE (Disease or Injurthat Initiated events resulting in death) LAST PART II. Other eignificer 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 X NO	nt condition	d	o death but n	ot resulting	OTHE	ndartyin 26. P R: rsing Hor	ng cause g	Iven in	Part I. 24	De. WAS AN PERFOR	MED?		AVAILABLE PRIOR COMPLETION OF
MEDICAL	Sequentially list condition if any, leading to immediate cause. Enter UNDERLYIN CAUSE (Disease or Injurthat Initiated events resulting in death) LAST PART II. Other eignificer 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	nt condition	d	o death but n	ot resulting	OTHE	26. PR:	PLACE OF DE	Iven in	Part I. 24	De. WAS AN PERFOR YES 2	MED?		AVAILABLE PRIOR COMPLETION OF
FRISICIAIN. MEDICAL	Sequentially list condition of the course. Enter UNDERLYIN CAUSE (Disease or Injurt that Initiated events resulting in death) LAST PART II. Other eignificer 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 F	nt condition	HOSPITAL: 1 Inpetiant: 28e. DATE O	□ ER/Outpetler FINJURY Day, Year)	ot resulting	OTHE 4 Number OF	26. PR: raing Hon 28c. IN. W	PLACE OF DE	Iven in	Part I. 24 1 eck only one) 8 Other (S 28d, DESCR	ia. WAS AN PERFOR	MED?	CCURED	AWALABLE PRIOR COMPLETION DF COF DEATH? 1 YES 2 N/A
BY PHYSICIAN: MEDICAL	Sequentially list condition of the course. Enter UNDERLYING CAUSE (Disease or injurthat initiated events resulting in death) LAST PART II. Other eignificer 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 F Accident 6 3 Suicide 8 C	nt condition D MEDICAL Pending envestigation Could not be	HOSPITAL: 1 Inpetient 2 28e. DATE 0 (Month,	D death but n	ot resulting	OTHE 4 Number OF	26. PR: raing Hon 28c. IN. W	PLACE OF DE	Iven in	Part I. 24 1 eck only one) 5 Other (S 26d, DESCR	ia. WAS AN PERFOR	NJURY O	CCURED	AVAILABLE PRIOR COMPLETION OF
ED BY PHYSICIAN: MEDICAL	Sequentially list condition if any, leading to immediate cause. Enter UNDERLYIN CAUSE (Disease or Injurthat Initiated events resulting in death) LAST PART II. Other eignificer 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 F 2 Accident 6 G 4 Momicide 6 G	o MEDICAL Pending investigation Could not be determined	HOSPITAL: 1 Inpetient 2 28e. DATE O (Month,	ER/Outpatier FINJURY Doy, Year) OF INJURY — A	ot resulting	OTHE 4 Nu ME OF JURY M	26. PR: rsing Hon 28c. IN. 1 □	PLACE OF DE	EATH (Ch	Part I. 24 1 eck only one) 8 Other (S 26f. LOCATI City or 1	Specify) IBE HOW II ON (Street a fown, State)	NJURY O	OCCURED Ner or Rural	AWALABLE PRIOR COMPLETION DF COF DEATH? 1 YES 2 N/A
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ED BY PHYSICIAN: MEDICAL	Sequentially list condition of the course. Enter UNDERLYING CAUSE (Disease or Injurthet Initiated events resulting in death) LAST PART II. Other eignificer 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 PART II. Netural 5 PART II. Other eignificer 29 Accident Grand Conservation of the course of the co	D MEDICAL Pending revestigation Could not be determined	HOSPITAL: 1 Inpatient 2 28e. DATE 0 (Month, building	ER/Outpatier F INJURY Day, Year) OF INJURY — A	ot resulting	OTHE 4 Nu ME OF JURY M	26. PR: raing Hon 28c. IN. WY 1 Ltory, office	PLACE OF DE	EATH (Chaldenca	Part I. 24 1 Cock only one) 5 Other (S 28d. DESCR 26f. LOCATI City or 1	PERFOR YES 2 Specify) IBE HOW II	NJURY O	CCURED in or Rural tated.	AWALABLE PRIOR COMPLETION DF COF DEATH? 1 YES 2 N/A
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condition of the course. Enter UNDERLYING CAUSE (Disease or Injurthet Initiated events resulting in death) LAST PART II. Other eignificer 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 PART II. Netural 5 PART II. Other eignificer 29 Accident Grand Conservation of the course of the co	nt condition D MEDICAL Pending investigation Could not be determined	HOSPITAL: 1 Inpetient 2 28e. DATE O (Month, 28e. PLACE building	ER/Outpatier F INJURY Day, Year) OF INJURY — A	ot resulting	OTHE 4 Nu ME OF JURY M	26. PR: raing Hon 28c. IN. WY 1 Ltory, office	PLACE OF DE	EATH (Chaldenca	Part I. 24 eck only one) 8 Other (S 26d. DESCR 26f. LOCATI City or 1 to the cause time, data an	PERFOR YES 2 Specify) IBE HOW II	NJURY O	CCURED or or Rural tated.	AWALABLE PRIOR COMPLETION DF COMPLETION DF COF DEATH? 1 YES 2 N A
BE COMPLETED BY PATSICIAN: MEDICAL	Sequentially list condition of the sequential state of the sequential state of the sequence of	nt condition D MEDICAL Pending investigation Could not be determined	HOSPITAL: 1 Inpatient 2 28e. DATE 0 (Month, 28e. PLACE building	ER/Outpatier F INJURY Day, Year) OF INJURY — A	ot resulting	OTHE 4 Nu ME OF JURY M	26. PR: raing Hon 28c. IN. WY 1 Ltory, office	PLACE OF DE TIME S N Rec SURY AT ORK? YES 2 Cale and place, death occurred to the country of the	EATH (Childence	Part I. 24 eck only one) 8 Other (S 26d. DESCR 26f. LOCATI City or 1 to the cause time, data an	PERFOR YES 2 Specify) IBE HOW II	NJURY O	CCURED or or Rural tated.	AWALABLE PRIOR COMPLETION DF COMPLETION DF COF DEATH? 1 YES 2 N/A I Route Number,
DE COMPLEI ED BI TITISICIAIN. MEDICAL	Sequentially list condition of the sequential state of the sequential state of the sequence of	D MEDICAL Pending investigation Could not be determined in FYING PHYS CAL EXAMINITY OF CERTIFIE	HOSPITAL: 1 Inpetient 2 28e. DATE O (Month, 28e. PLACE building	ER/Outpatier FINJURY Day, Year) OF INJURY — in the control of my knowledge examination and	28b. Tille	OTHE 4 Nu ME OF JURY M street, fac	26. PR: raing Hon 28c. IN. WY 1 Ltory, office	PLACE OF DE TIME S N Rec SURY AT ORK? YES 2 Cale and place, death occurred to the country of the	EATH (Childence	Part I. 24 1 1 eck only one) 8 Other (S 28d. DESCR 28f. LOCATI City or 1 to the cause time, data an	Decify) DON (Street a fown, State) (a) and mar d place, an	NJURY O	CCURED or or Rural tated.	AWALABLE PRIOR COMPLETION DF COMPLETION DF COF DEATH? 1 YES 2 N/A I Route Number.
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condition of the course. Enter UNDERLYIN CAUSE (Disease or Injurt that Initiated events resulting in death) LAST PART II. Other eignificer 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 F 1	D MEDICAL Pending Investigation Could not be determined IFYING PHYS CAL EXAMINIT OF CERTIFIE F PERSON WF	HOSPITAL: 1 Inpetient 2 28e. DATE O (Month, 28e. PLACE building	Description and Description an	ot resulting ot 3 DOA 28b. Ti it thome, farm. d/or investigat	OTHE 4 Nu ME OF JURY M street, fac	26. PR: rating Hon 28c. IN. W 1 ttory, office	PLACE OF DE THE STATE OF THE ST	EATH (Children in No. and due	Part I. 24 eck only one) 8 Other (S 28d. DESCR 28f. LOCATI City or 1 to the cause time, data an	Specify) ON (Street is bown, State) (a) and mard d place, an	NJURY O	tested. The cause	AWALABLE PRIOR COMPLETION DF COMPLETION DF COF DEATH? 1 YES 2 N/A I Route Number, (e) and manner as a
OICAL	Sequentially list condition of the sequential state of the sequence of the seq	D MEDICAL Pending meetigation Could not be determined IFYING PHYS CAL EXAMINI OF CERTIFIE F PERSON WITH	HOSPITAL: 1 Inpetiant 2 28e. DATE O (Month, 28e. PLACE building BICIAN: To the bast of ER: On the basis of	Description and Description an	ot resulting 1 3 DOA 28b. Ti 18 At home, ferm. a, death occur d/or investiget (ITEM 27) (Typ.	OTHE 4 Nu ME OF JURY M street, fac	26. PR: rating Hon 28c. IN. W 1 ttory, office	PLACE OF DE THE STATE OF THE ST	EATH (Children in No. and due	Part I. 24 eck only one) 8 Other (S 28d. DESCR 28f. LOCATI City or 1 to the cause time, data an	Specify) ON (Street is bown, State) (a) and mard d place, an	NJURY O	tested. The cause	AWALABLE PRIOR COMPLETION DF COMPLETION DF COF DEATH? 1 YES 2 N/A I Route Number, (e) and manner as a

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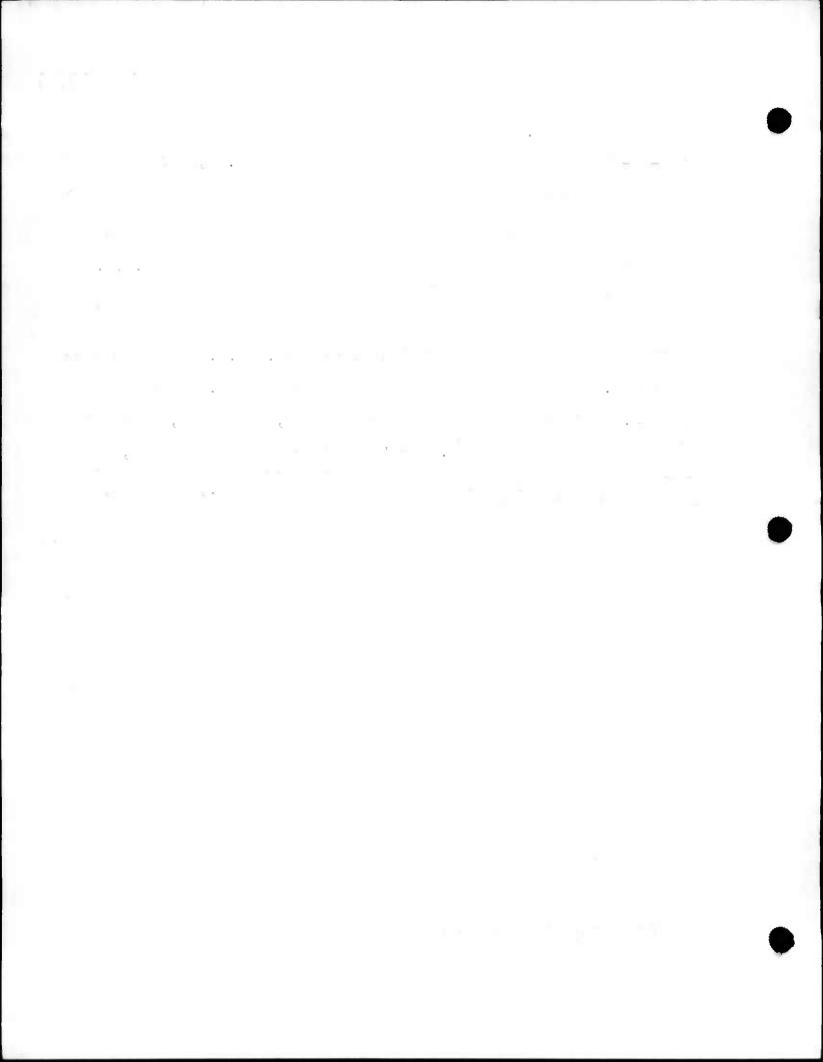
1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 11:01 P. Sept 1991 FRANCES McWILLIAMS 7. DATE OF BIRTN
(Month, Day, Year)
Feb. 25, 1923 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign Country) MONTHS DAYS HOURS MIN. 1 M 2 X F 68 219-16-1141 Maryland Sa. FACILITY NAME (If not institution, give street and number 9h. CITY TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR 412 Dewey Drive Anne Arundel Annapolis 10c. CITY, TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY Marvland Annapolis 1 X YES 2 NO Anne Arundel 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL for use as the burial-transit 412 Dewey Drive 21401 U.S.A. retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puarto Rican, atc.)

1 ☐ YES 2 🕅 NO Specify: BALTIMORE, MARYLAND 21203-3146 1 Never Married 2 X Married IF YES, GIVE WAR OR DATES 1 YES 2 X NO BY 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) detached U.S. Naval Institute dministrative Asst. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) 2 ĕ Edward R. Philips Catherine M. Evans BE page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Boute Number, City or Town, State, Zio Code) 2 John J. McWilliams Dewey Drive. Annapolis. MD 21401 2 pe 20s. METHDO OF DISPOSITION

Disputed 2 Cremation 3 Removal from State

Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State irs after death. Page 6 may examiner must director, 9/6 Cemetery Annapolis. MD 22. NAME AND ADDRESS OF FACILITY
Taylor Funeral Chapel 147 Gloucester St., Annapolis, MD filled in by the form on or removal. medical ons that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory arrest, one cause on sech line. 23. PART i. Enter the diseases, or compilcat Approximate shock, or heart failure. List only Interval Batween cremation, or Onset and Death IMMEDIATE CAUSE (Final the DUE TO JOR AS A CONSEQUE legio disease or condition resulting in death) weeks completely executed within event, BOX 13146, n and com to burial, c 6 mas. traumatic CERTIFICATION Sequentisity list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING the attending physician I Mental Hygiene prior to the death certificate be Chranic Obstant salo CAUSE (Disesse or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury, or RECORDS, PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL pt. of Health and N AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? allestion Pente requires that shows any 000 1 TYES 2 NO 1 - YES 2 NO Hotoslobe Bove Dereno PHYSICIAN: MP this certificate has b with the State Dept. 23 DIVISION OF VITAL 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) OR ATTENDING PHYSICIAN: The I item EXAMINER? HOSPITAL: OTHER: 1 | Inpetient 2 | ER/Outpetient 3 | DOA rsing Name 5 Residence 8 - Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY 26b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED marked, 1 Natural 5 Pending м 1 YES 2 NO BY After t 2 Accident Investigation 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide DIRECTOR: A hours after d 8 Could not be datermined LETED 4 Homicide 29a. CERTIFIER

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated COMPL THE HOSPITAL O THE FUNERAL D filed within 72 ho IMPORTANT: If 2 MEDICAL EXAMINER On the basis of exemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND LITTLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 7/3/9 2 23 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) S.D. KRIMINS 25 SHAW ST 32. REGISTRAR'S SIGNATURE Lulia Savidson Randale



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mots after death. Page 6 may be retained by the insuring physician and completely filled in by the funeral director, page 5 should be detained for use as the burish transfibe filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burish, cremation, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once...

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

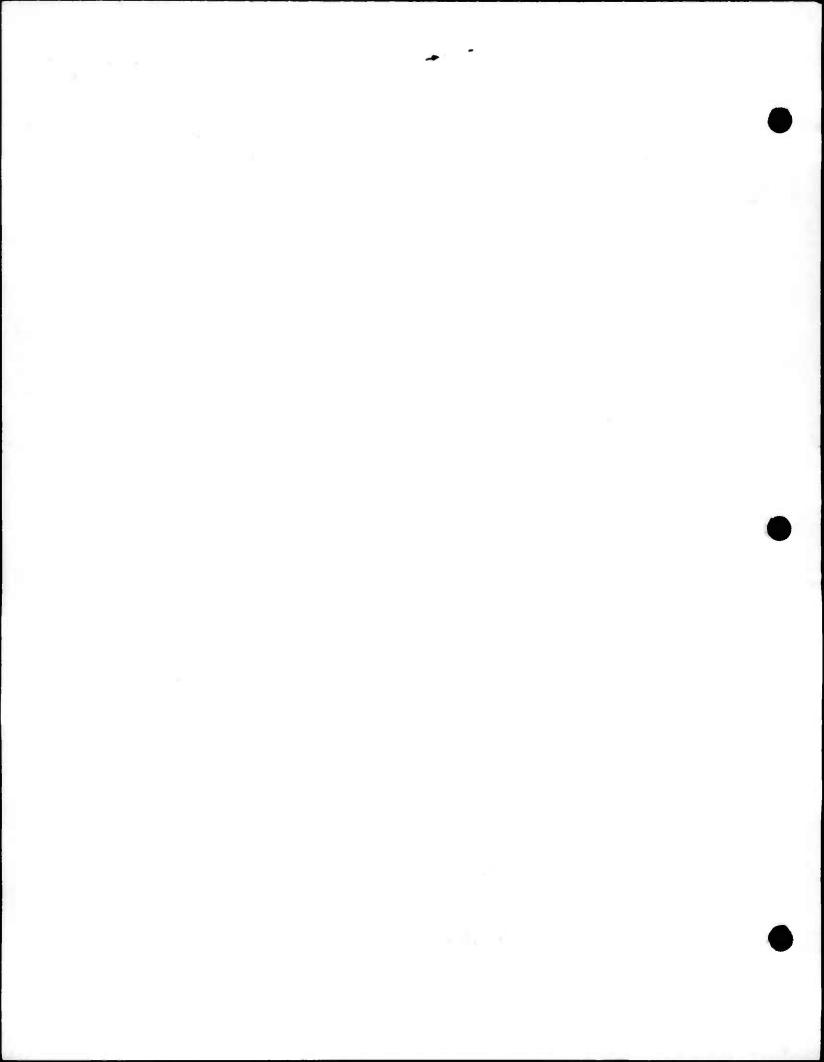
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECT

FOR STATE

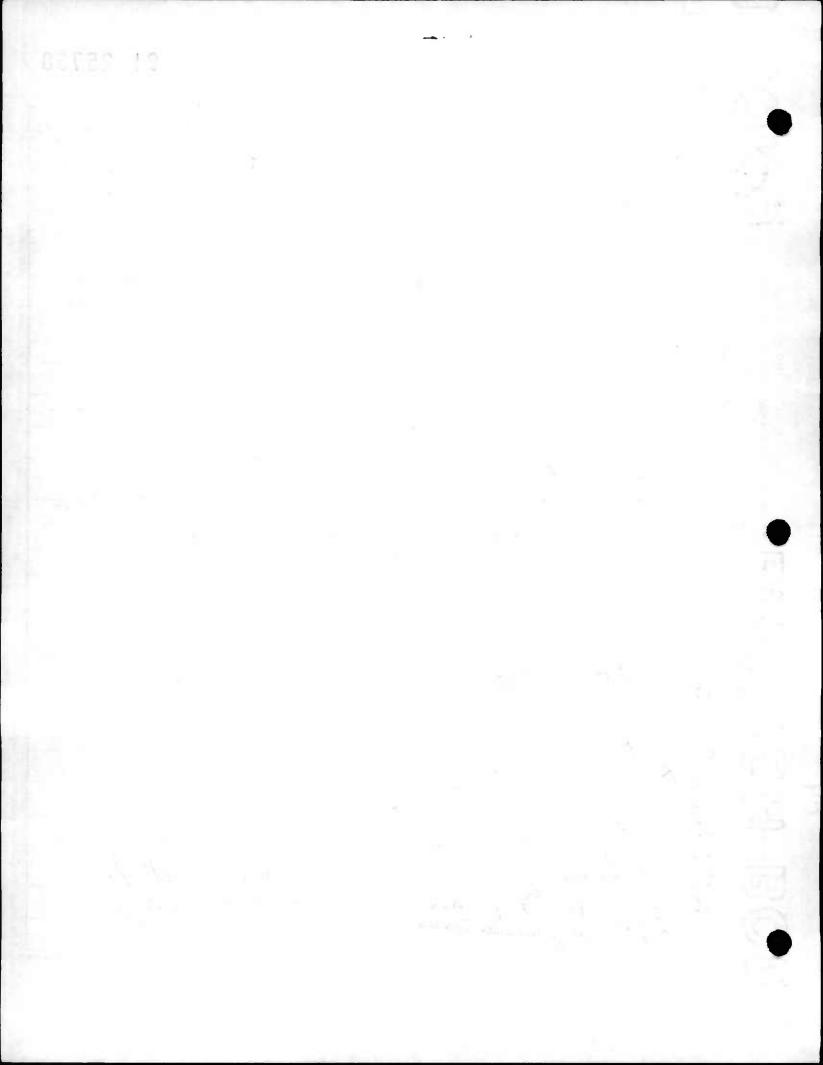
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. N	O.			
1. DECEDENT'S NAME (First, Middle, L.					2. DATE OF DEATH	DAY	YEAR 3.	TIME OF DEATN	
Andrew J. Me	770 7 2 2	MENGE	LE		9 -	_	1991	М	
4. SOCIAL SECURITY NUMBER 215-16-6532	5. SEX 6. AGE XX M 2 □ F 69		IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTIN (Month, Day, Year) 08-25-2	2	Country)	ce (State or Foreign imore, MD	
9e. FACILITY NAME (If not institution, g	ive street and number)		9b. CITY, TOWN OR LOCATION OF OBATN 9c. COUNTY						
1102 Indian		d	Millersville				Anne Arundel		
	10c. STATE								
MD Ann	e Arundel	Mill	ersvil	le			1 YES \$ NO		
10e. STREET AND NUMBER			10f. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?			
1102 Indian				21108			USA		
11. MARITAL STATUS 1 Never Merried 2 XMerried 3 Divorced	12. WAS OECEDENT EVER FORCES? 1 XYES IF YES, GIVE WAR OR 1	2 NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specity Yer if yea, specify Cuben, Mexicen, Puerto Ricen, etc.) 1 VES 2 NO Specify:				14. RACE — American Indian, Black, White, etc. Specify: White		
15. DECEDENT'S (Specify only highest of		16a. DECEDENT'S U	ISUAL OCCUPATION done during mo		16b. KIND OF E	USINESS/IN	OUSTRY		
Elementery/Secondery (0-12)	College (1-4 or 5+)	Iffe. Do NOT use	etricia		Trian	gle	Signs		
17. FATNER'S NAME (First, Middle, Last)			18. MOTNER'S NA	ME (First, Middle, Maid	n Surname)			
Ulrich Menge	le			Mary	A. Schm	idt			
19e. INFORMANT'S NAME (Type/Print)	,				Poute Number, City or T				
Margie M. Me					ng Road,				
20e. METNOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 4 Donation 5 Other (Specify)	Bemoval from State	b. PLACE OF DISPOSI other place) Maryland			1		ville		
21. SIONATURE OF FUNERAL SERVICE	ELICENSEE		Harde	ND ADDRESS OF FA	neral Ho	me.	P. A.		
1 att !	Chill h		851 A	nnapol	is Road,	Gamb	rills	, MD	
23. PART I. Enter the diseases,	Dr complications that cause	d the death. Do no						Approximate	
IMMEDIATE CAUSE (Finel	ure. Liet only one ceuse on							Interval Between Onaet and Death	
disease or condition resulting in death)	8	Lung Cancer						8mas	
	DUE TO (OR AS	A CONSEQUENCE OF)	:						
Sequentielly liet conditions,	b. DUE TO (OR AS	A CONSEQUENCE OF)	:						
if any, leeding to immediate cause. Enter UNDERLYING									
CAUSE (Disease or Injury that initieted events	DUE TO (OR AS	A CONSEQUENCE OF)	SEQUENCE OF):						
resulting in death) LAST	d								
PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
10					PERF	2 ANO	CC	AILABLE PRIOR TO IMPLETION OF CAUSE	
						9		DEATH?	
25. WAS CASE REFERRED TO MEDIC	HOSPITAL:			LACE OF DEATH (C)	eck only one)				
1 - YES 2 NO	1 Inpatient 2 ER/Ou		OTHER: 4 Nursing Hor	ne 5 Realdence	8 Other (Specify)				
27, MANNER OF DEATN 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		JRY W	JURY AT ORK?	28d. DESCRIBE HO	V INJURY O	CURED		
2 Accident Investige		IV — At home town		YES 2 NO			ar or Burel Bouth Number		
3 Suicide 6 Could no 4 Nomicide determin	t be building, etc. (Sp		a, street, factory, office 281. LOCATION (Street and Number or Rural City or Town, State)				er or Hural Rout	e vumber,	
29e. CERTIFIER (Check only PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.									
one) 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurad at the time, date and piece, end due to the ceuse(e) end menner ee stated.									
296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)									
Atmost C.	selouix,	019838				▶ 9/3/9/			
30. NAME AND ADDRESS OF PERSON STURY E. SE		ST FULL	Print)	st. Auc	rapolis,	Mid	. 216	101	
SEP 0 4 1991 Julia Janidas Maria									



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R ATTE	RECTO	m 28
ITAL O	PAL DI	/2 no
HOSP	FUNE	TANT
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attends	TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely fined in by the funeral director, page 5 should be detached for use as to	be hied within 72 hours after death with the State Dept. Of health and memal hyperie plan to buffar, certainly, or relieval. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 3	1. DECEDENT'S NAME Elizal			unroe					2. DATE	OF DEATH DAY	Y	EAR 3	3. TIME OF D
	4. SOCIAL SECURITY		S. SEX						7. OATE	7. OATE OF BIRTH		BIRTHPI	LACE (State of
1	218-36-	2050	1 □ M 2√3/F	80	YRS.	MONTHS	DAYS	HOURS MIN.		n, Day, Year) -22 -1 0		Country)	sylvar
	9e. FACILITY NAME (If not institution, give atreet end number) 9b. CITY, TOWN OR LOCATION OF D									9c. COUNTY			
PO	2793 Top Mast Court Annapolis										Anne	e A	rund
RECTO	10e. STATE 10b. COUNTY 10c. CITY,						nnapolis				1	10d, INSIDE (
LD	MD 10e, STREET AND NU		e Arunde	1	1	Anna		LIS LZIP COOE			10a CITIZEN		1 YES 2
ERA	2793 To		Count				101	214	01			USA	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 3 Widowed 4	2 Merried	12. WAS DECEDEN	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES				13. WAS DECENDENT OF NISPANIC ORIGIN? (S If yes, specify Cuban, Mexicen, Puerto Rica 1 YES 2 NO Specify:					White, atc.
ED B	1	5. DECEDENT'S E		16a. D	ECEDENT'S	USUAL OC	CCUPATIO	ON	161	. KIND OF BUSI	INESS/INDUS		
ET	Elementary/Secon	dary (0-12)	college (1-4 or 5	4) _				est of working					
COMPLET			4	11	eg.	Nurs	: e			ursing			
E CO	Charles							18. MOTNER'S NA Nelli			Sumame)		
TO BE	190. INFORMANT'S N Frank		roe	1	96. MAILING 2793			and Number or Rural					ID 21
-			100	20h PLAC					-				
	tX☐ Buriel 2 ☐ Cr	20a. METHOD OF DISPOSITION 1/C Buriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) Alto Reste Park Cemetery Altoona, PA											
	21. SIGNATURE OF F		LICENSEE/	-1	1165	22. N	NAME A	ND ADDRESS OF F	CILITY				IA
	Hardesty Funeral Home, P.A. 12 Ridgely Avenue, Annapolis, MD												
	1 //////	1100 1	naus	5									is.M
	23. PART I. Enter shock IMMEDIATE CAUS	, or heert fellu	or complications the	et coused the c	death. Do i	not enter	2 F	Ridgely	A V e	enue,	Anna	pol	Appro
CATION	shock IMMEDIATE CAUS disease or condit resulting in death Sequentially list of If any, leading to cause. Enter UND	conditions, Immediate	s. Due To	of OR AS A CONS	EOUENCE	not enter	2 F	Ridgely	A V e	enue,	Anna	pol	Appro
RTIFICATION	shock IMMEDIATE CAUS disease or condit resulting in death Sequentially list of If any, leading to	conditions, immediate ERLYING or injury that	s. DUE TO	O (OR AS A CONS	EOUENCE O	not enter	2 F	Ridgely	A V e	enue,	Anna	pol	Appro
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ب	shock IMMEDIATE CAUS disease or condit resulting in death Sequentially list of any, leading to cause. Enter UND CAUSE (Disease that initiated ever resulting in deeth	conditions, Immediate DERLYING or Injury nts	s. DUE TO	O (OR AS A CONS	EOUENCE O	1 1 C C C C C C C C C C C C C C C C C C	2 F	Ridgely ode of dying, sue	Ave	enue, diec or respir	Annal atory stress	246.	Approintery Onsel
AL	shock IMMEDIATE CAUS disease or condit resulting in death Sequentially list of any, leading to cause. Enter UND CAUSE (Disease that initiated ever resulting in deeth	conditions, Immediate DERLYING or Injury nts	s. DUE TO d. DUE TO	O (OR AS A CONS	EOUENCE O	1 1 C C C C C C C C C C C C C C C C C C	2 F	Ridgely ode of dying, sue	Ave	enue, diec or respir	Annal atory stress	24b. 1	Approintery Onsel WERE AUTOF MAILABLE P COMPLETION OF DEATH?
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MEDICAL	Sequentially list of cause. Enter UND CAUSE (Disease of that initiated ever resulting in deeth PART II. Other elgonal Cause and the cause and	conditions, Immediate ERLYING or Injury hts in LAST	b. DUE TO d HOSPITAL: 1 Inpatient 2	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	EQUENCE O	1 1 not enter	the mo	Ridgely Ide of dying, such Ide of dying, such Ide of July 1997 Ide of Death (Come 5 Residence	A Vech se cer	diec or respir	Annar atory stress	246.	Approintervions of the competition of Death?
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BY PHYSICIAN: MEDICAL	Sequentially list of resulting in death Sequentially list of resulting in death Sequentially list of resulting in death CAUSE (Disease of that initiated ever resulting in deeth PART II. Other eld 25. WAS CASE REFEREXAMINER? 1 YES 2	conditions, Immediate DERLYING or Injury hits hits DERLYING or Injury hits hits DERLYING or Injury hits hits hits hits hits hits hits hits	b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpatient 2 28e. PLACE:	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O death but not	EQUENCE O EQUENCE O EQUENCE O Tosulting	other ot	2 F. the mo 28. Pl 28. Pl 28. IN. 28. IN.	Ridgely Ide of dying, such Ide o	A V ech ss ceri	diec or respir	Autropsy Med?	24b. 1	WERE AUTOP AMAILABLE P COMPLETION OF DEATH?
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ED BY PHYSICIAN: MEDICAL	shock IMMEDIATE CAUS disease or condit resulting in death Sequentially list of if any, leading to cause. Enter UND CAUSE (Disease that initiated ever resulting in deeth PART II. Other else that initiated ever resulting in deeth PART II. Other else that initiated ever resulting in deeth PART II. Other else that initiated ever resulting in deeth PART II. Other else that initiated ever resulting in deeth PART II. Other else that in the part of the p	Conditions, Immediate DERLYING or injury his his LAST Smillent conditions of the con	b. DUE TO c. DUE TO d. LINGS CONTRIBUTION TO L HOSPITAL: 1 Inpatient: 28e. DATE O (Mogth, on be delived) NYSICIAN: To the best of	O (OR AS A CONS O (OR AS A CON	EOUENCE O EOUENCE O EOUENCE O Tresulting 3 DOA 28b. Till IN home, farm,	OTHER A DURY M street, factoring in my o	the mo	Ridgely Ide of dying, such Ide o	A V e ch ss cer	24a. WIS AN / PERFORI 1 YES 2	Annal atory stress Autropsy Meo? NO NO NO NO NO NO NO NO NO N	24b. 1	WERE AUTOF MARLABLE P COMPLETION 1 YES 2



	FOR STATE REGISTRAR	STATE OF MARYL		T OF HEALTH AND	MENTAL HYGIE		25/39				
	1. DECEDENT'S NAME (First, Middle, Last) Mildred	L. Mc	Cormic	K	2. DATE OF DEATH	27 - 9	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 168-01-1851 90. FACILITY NAME (If not institution, give a	1 □ M 2 🔠 🖟	79 YRS. MONTHS	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. TY, TOWN OR LOCATION OF D			BIRTHPLACE (State or Foreign Country) ennsylvania				
TOR	Anne Arunde	medita	Center H	mapoli.	5		ne Arundel				
pirector	Maryland Ann	e Arundel	10c. CITY, TOWN	or Location erna Park			10d. INSIDE CITY LIMITS? 1 TYES 2 NO				
RAE	10e. STREET AND NUMBER	no als Decad		101. ZIP CODE 211.4	6	,	S . A .				
BY FUNER	3 5 Arundel B 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 XNO	NIC ORIGIN? (Specify Y an, Puerto Rican, atc.) lly:	RACE — American Indian, Black, White, etc. Specify:						
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)			done during most of working lind.)							
	17. FATHER'S NAME (First, Middle, Last)		Homem		Hom AME (First, Middle, Meide						
BE C	John W. Anse	11			tha M. Wa						
2	190. INFORMANT'S NAME (Type/Print) Anna M. McCor	um i ale		SS (Street and Number or Rura			21110				
	20e. METHOD OF DISPOSITION	20	D. PLACE AND DATE OF DIS	ndel Beach	DATE 20c. L	OCATION - CIN	or Town, State				
1	1 Donation 5 Other (Specify)		cemetary frematory or other tropolit	an Cremato	ry 9/5 A	lexand	ria, VA				
	SIGNATURE OF FUNERAL SERVICE LA	L. L	tin/2	Raylor Fundaylor	eral Cha	pel	21401				
AN: MEDICAL CERTIFICATION	immediate cause (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	o. OUE TO (OR AS A	CONSEQUENCE OF):	tomy f	loes	u	Onset and Dea				
	PART II. Other aignificant condition	na contributing to death to	out not resulting in the	underlying cause given in	PERF	AN AUTOPSY ORMED? 2 NO	246. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inputlant 2 ER/Out	отн								
HX	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME OF	ursing Home 5 Residence	28d. DESCRIBE HOV	V INJURY OCCUP	RED				
BY	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY M	WORK? 1 YES 2 NO							
LETED BY PI	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, atc. (Spe	/ At home, ferm, street, f	actory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner as state										
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	tilber	le un	29c. LICENSE N	UMBER	29d. DATE SIGNED (Mopth, Day, Year)					
	30. NAME AND ADDRESS OF PERSON WI	completed cause of Di	EATH (ITEM 27) (Type, Print)	unsoli	. he	21	401				
	"SEP 0 6 1991 gu	ha Davidson-1/214	AUSS.		1		7				

25739

COTES IN

SEP 15 1991 J. San Bear November

k	REGISTRAR			CERTI	RTMENT OF	HEALTH AND DEATH	MENT	AL HYGIEN REG. NO		31	257	4
	1. DECEDENT'S NAME (First, Mi	ddle, Last)					2. DA	TE OF DEATH		YEAR 3	TIME OF DEA	тн
N	RAYMOND 4. SOCIAL SECURITY NUMBER	В.	5. SEX 6. AGI	NICE	OLSON,		09	0	4	91	3:32	P
	216-64-2521	1		E (In yrs. lest birthday)	MONTHS DAYS	HOURS MIN.	(Mc	e OF BIRTH		Country)	ACE (State or Fi	-
	9a. FACILITY NAME (If not institu		11	30	9b. CITY, TOWN	OR LOCATION OF		b. 4,	1953 9c. COUNT		ington	, D
СТОЯ	FRANCIS SCO	TT K	EY HOSPIT	AL		MORE C			1	timo		
DIREC	10e. STATE 10	b. COUNTY	e Georges		TY, TOWN OR LOCA	n Dale					Dd. INSIDE CITY LIMITS?	
3AL	10e. STREET AND NUMBER				10	Of. ZIP CODE			10g. CITIZE		AT COUNTRY?	NO
FUNERAL	6504 F		na Lane			20769				SA		
B	1 Never Married 2 Mar 3 Wildowed 4 Divorced	rled	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	3 2 100	If yes, s	CENDENT OF HISP pecify Cuben, Mexi S 2 X NO Spe	can, Puari	ilN? (Specify Ye o Rican, etc.)	a or No— 1	Bleck, \	American Indi Vhita, etc. White	an,
ETEO	15. DECEDE (Specify only hig Elementary/Secondary (0-12)		ompleted)	18a. DECEDENT'S (Give kind of life. Do NOT a	S USUAL OCCUPAT work done during m	ION lost of working	1	8b. KIND OF BU	SINESS/INDU	STRY		_
COMPL	1-12		College (1-4 or 5+)		esident			Hechi	ingers			
S S	17. FATHER'S NAME (First, Middle					16. MOTHER'S	AME (First					
B	Raymond B.		olson, Sr.					a Gill				
9	Paula Nicho				G ADDRESS (Street						. 0	
1	20s. METHOD OF DISPOSITION		20	b. PLACE AND DATE	Facchina OF OISPOSITION (N				Md.	207		
1	X Buriel 2 □ Cremation 4 □ Donation 5 □ Other (Spe	icity)	of from the ce	metery, cremetory or Lakemont	other place)		-7-9		idson			
	21. SIGNATURE OF UNERAL RE	NICE OCE	wolle		Hines	New Ha	i Fu	neral H	lome		209	
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		DUE TO (OR AS	A CONSEQUENCE O	PF):	8	pelu	13			Onaet and	
MEDICAL	PART II. Other algorificant of	onditiona	contributing to death	but not reaulting	in the underlyin	g cause given i	n Part I.	24a. WAS AN PERFOR 1 (Styles 2	RMED?	CC	RE AUTOPSY FILABLE PRIOR OF COMPLETION OF CO	TO CAUSE
SICIAN:	25. WAS CASE REFERRED TO ME EXAMINER?		IOSPITAL:			LACE OF DEATH (C	heck only (one)				
> 11	1X YES 2 NO	j	XInpatient 2 - ER/Out			ne 5 🗆 Rasidence	8 🗆 Он	er (Specify)				
H	1 Natural 5 Pend		28a. DATE OF INJURY (Month, Day, Year) 09/04/9		JURY WO	JURY AT ORK?		SCRIBE HOW I				
D BY	2 Accident Invest 3 Suicide 6 Coul	tigation	28a. PLACE OF INJUR	Y — At home, ferm.		- 47		oject				
		mined	building, etc. (Spe	WAREH	OUSE		Cit	00 BRC				
COMPLI	29a. CERTIFIER (Check only one) 1 CERTIFYII 2 MEDICAL	G PHYSICIA	N: To the best of my know	wiedga, dasth occurr	ed at the time, data	and place, and du	a to the co	use(s) and mer	mer as stated.			
	29b. SIGNATURE AND TITLE OF		~	100		29c, LICENSE NU		e and place, en			onth, Day, Year)	med.
10 BE	And		M			O.C.M.				05/		
	30. NAME AND ADDRESS OF PER	MEN WINO	COMPLETED CALLES OF D						/	00/	100	

Pares to

2571.1

	FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPAR CERTIF	TMENT OF H	IEALTH AND		YGIENE EG. NO.	1	25/41
	1. DECEDENT'S NAME (First, Middle, Last) HAGOP	К.		NAZA		2. DATE OF D MONTH 8		YEAR 9 1	3. TIME OF DEATN 2:10 A M
)	4. SOCIAL SECURITY NUMBER 219-64-1546 9e. FACILITY NAME (If not institution, give si	1 X M 2 D F	yrs. lest birthday) 46 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BI (Month, Day, AUGUST	RTH	8. BIRTY Count	PLACE (State or Foreign
TOR	HOLY CROSS HO				R SPRII			NTY OF D	MERY
DIRECTOR	10a. STATE 10b. COUNTY	NTGOMERY		Y, TOWN OR LOCAT					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 17507 APPLEWOOD	LANE		10f	20855		10g. CIT	IZEN OF V	WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 1 NO	if yes, spi	ENDENT OF NISPA polity Cuban, Mexico 2 1 NO Specif	an, Puarto Rican,	ecity Yea or No— atc.)	14. RACE Black Speci	E — American Indian, k, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of w life. Do NOT us	USUAL OCCUPATION Work done during most perferred.) ODY REPA	st of working		OF BUSINESS/IND	DUSTRY	
S	17. FATHER'S NAME (First, Middle, Last)				16. MOTNER'S NA		Maiden Surname)		
BE	KEVORK ARTIN 19a. INFORMANT'S NAME (Type/Print)	NAZARIAN			AROUSI		AVEDIS		ASHIAN
5	SONYA G. NAZARIAI	N (WIFE)		APPLEWO					ND 20755
	20a. METNOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Remo	ceme	PLACE AND DATE OF STATE OF I	DE DISPOSITION (Nei ther place) HEAVEN C	me of EMETERY		20c. LOCATION SILVER		wn, State NG, MARYLANI
	21. SIGNATURE OF EMPERAL SERVICE LIC	n Marika		FRANC 500 U	ADDRESS OF FO	ELLINS E	UNERAL 1	HOME	, INC. SP., MD 2090
CERTIFICATION	IMMEDIATE CAUSE (Finel	DUE TO (OR AS A C	VE ATHE	ROSCLER D:		ARDIOV			Approximate Interval Bstween Onset and Death
MEDICAL	PART II. Other significent conditions	contributing to death but	t not resulting li	n the underlying	csuse given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATN? TYPES 2 NO
PHYSICIAN:		HOSPITAL: 1 ☐ Inpatient ② ER/Outpat		OTHER:	ACE OF DEATH (Ch				
	27. MANNER OF DEATN 1 🔀 Natural 5 🗌 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	JRY WOR	IRY AT		NOW INJURY OCC	CURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined	26a. PLACE OF INJURY - building, atc. (Specif)	- At home, ferm, st			281. LOCATION City or Town	(Street and Number n, State)	or Rural A	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSIC 2 MEDICAL EXAMINER	IAN: To the best of my knowled: On the basis of examination a	dga, death occurred	d at the time, data a	and place, and due	to the cause(s) a time, data and pl	and manner as state	ed.	and manner ea stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	Chute n	40		O.C.M.	ABER	29d. DATE	SIGNED	(Month, Day, Year) 30,1991
		E M.D. 1	11 PENN	Print) N ST. B.	ALTIMOR	RE,MD.	21201		
	SEP 04 91	32. REGISTRAR'S SIGNAT	URE DO						

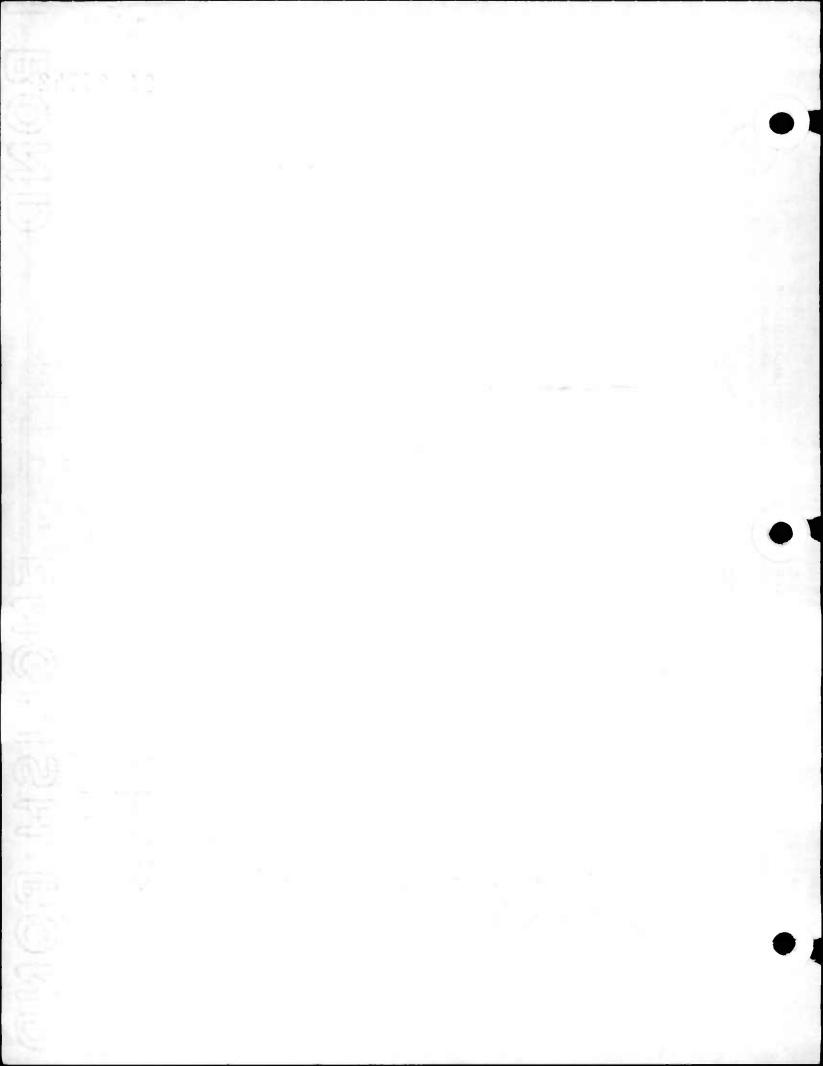
the company of the co

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wh.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely hited in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 was be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

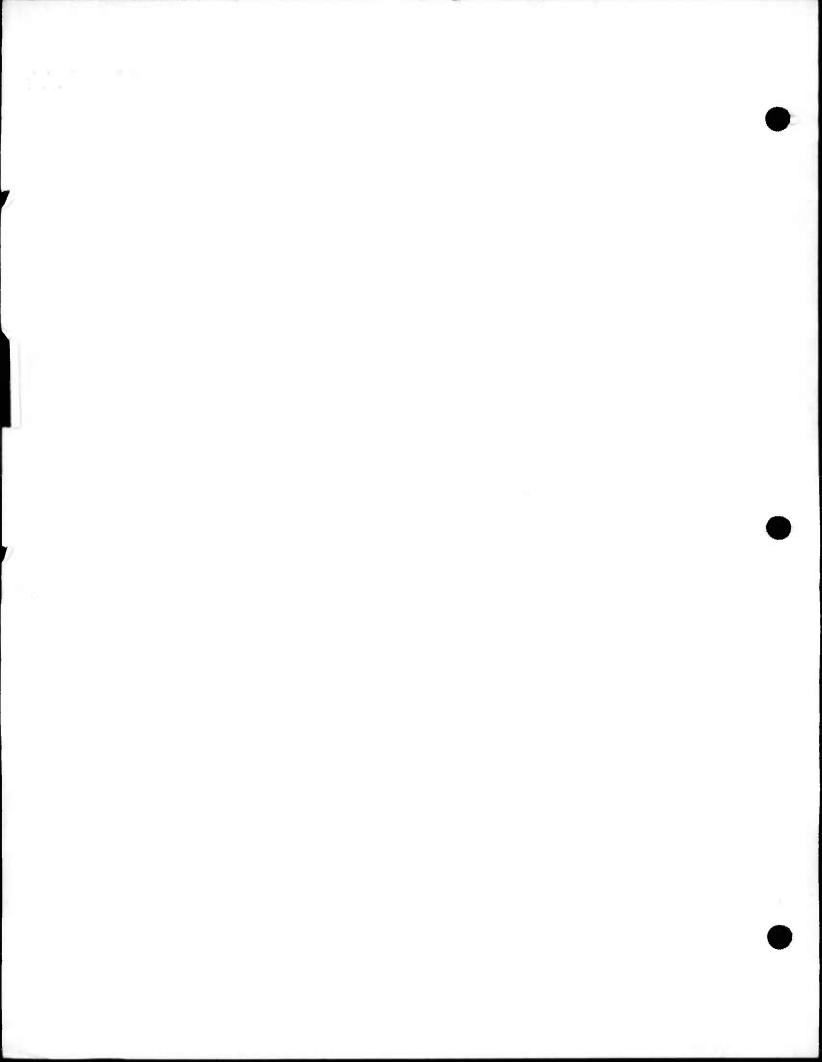
_	REGISTRAR		CER	TIFICA	EUF	DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) BGA NASH						2. DATE OF DEATH DO 7	199	YEAR 1	3. TIME OF DEATH 11:05 P M
	4. SOCIAL SECURITY NUMBER	5. SEX 1 M 2 F	6. AGE (In yrs. last birt	thday) IF UNI	B DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9-7-91		8. BIRTHI Country	PLACE (State or Foreign /) MD
	Sa. FACILITY NAME (If not institution, give	street and number)		9b. C	TY, TOWN	OR LOCATION OF D	EATH	9c. COU	NTY OF DE	
DIRECTOR	THE JONS HOPKINS	HOSPITA	L	BA	LTIM	ORE		BAL	TIMO	RE CITY
	10a. STATE 10b. COUNT	Y	10	c. CITY, TOW	OR LOCA	TION				10d. INSIDE CITY LIMITS?
		ALTIMORE		BALT	CIMOR	E CITY				1 💢 YES 2 🗌 NO
	10e. STREET AND NUMBER	F)			10	1. ZIP CODE		10g. CIT	IZEN OF W	HAT COUNTRY?
	3201 WEEPING WI	LLOW CT.	APT. 33			2090			USA	
	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	TEVER IN U.S. ARMED YES 2 XNO WAR OR DATES)	If yes, s	DECITION OF HISPAL Decity Cuban, Maxica 3 2 ANO Specific	NIC ORIGIN? (Specify Yea in, Puarto Rican, etc.) y:	or No—	14. RACE Black Specif	— American Indian, White, etc.
	15. DECEDENT'S EDU		18a. DECED	ENT'S USUAL	OCCUPATI	ON	18b. KIND OF BUS	SINESS/INC	DUSTRY	-
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 8 +	His Do	ind of work do NOT use retired	ne during m i.)	ost of working				
	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)		
	The American	sex Kei	th Nash			PAM	ELA NASH	Ande	erso	n
	19a. INFORMANT'S NAME (Type/Print)		19b. M	AILING ADDR	ESS (Street		Route Number, City or Tow	n, State, Ziç	Code)	
	PAMELA NASH		32	O1 WEE	PING	WILLOW	CT. APT. 3	3	20	906
	20a. METHOD OF DISPOSITION 1	noval from Stata	of cemetary, cre-	matory or other	er place)	OSPITAL			City or Ton	wn, Stata
	21. SIGNATURE OF FUNERAL SERVICE LI				2. NAME A	NO WOLFE	CILITY			
CENTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events	b	(OR AS A CONSEQUEI	NCE OF):						
	PART II. Other significant condition	d.	allah kan da	dale - Le ab -			s I		T.	
	Material rup	home of	membran	_			Part I. 24a. WAS AN PERFOI	RMED?	240.	. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITA		1 -		PLACE OF DEATH (C/	neck only one)			
	1 YES 2 NO	HOSPITAL:	ER/Outpetient 3 🗆	DOA 4 1		me 8 🗆 Residence	6 ☐ Other (Specify)			
	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, D		8b. TIME OF INJURY	W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	NJURY OC	CURED	10
	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE O building,	F INJURY — At home, atc. (Specify)	form, street,	factory, offi	ce	281. LOCATION (Street City or Town, State)	and Numbe	v or Rural F	Route Number,
	anal —						e to the cause(s) and ma e time, data and pieca, an			i) and menner as stated,
		leasan,				03251		29d. DAT	7. 8	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON W MAG AVET 31. DATE FILED AND DAY, DAY, DAY, DAY	Mac	n mD	Jeh	n H	ipkine H	spital 7	Sall	hme	~ mD



BALTIMORE, MARYLAND 21215-0020	NG PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician. Ifter this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 least with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	he medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE REGISTRAR	STATE OF I	MARYLAND / Ce	DEPAI ERTIF	RTMEN ICAT	T OF H	DEAT	AND I	MENT	AL HYGIEN	E -		201-	10
	1. OECEDENT'S NAME (First, Middle, Last)	Frances	H. O'Sha	iughr	essy	7			1101	TE OF DEATH DA	7,]	1991	3. TIME OF DE 4:30	ATN A
)	4. SOCIAL SECURITY NUMBER 220-40-6854	5. SEX	6. AGE (In yrs. les	t birthday) YRS.	MONTHS	DAYS	IF UNDER	24 HRS. MIN.	7. DAT	TE OF BIRTH 1	898	6. BIRT Coun	HPLACE (State or try) New You	111
BO	90. FACILITY NAME (If not institution, give s Suburban Hospita				9b. CIT	Y, TOWN C	OR LOCATIO		thes	do		INTY OF I	DEATH	LK
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT				4.			ьес	Liles	ua	MOI	itgor	nery	
DIRECTOR		gomery		10c. CIT	Y, TOWN	OR LOCAT	133	ockv	rill	e			10d, INSIDE CIT LIMITS?	
AL	10e. STREET AND NUMBER					101	ZIP CODE				10a, CIT	IZEN OF	WNAT COUNTRY?	
EB	10401 Grosvenor	Place #	916				208	52					States	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	TEVER IN U.S. ARI YES 2 NAR OR OATES	MED	- 1	If yes, spe	ENGENT O	1, Mexice	n, Puert	GIN? (Specify Yes o Ricen, etc.)		_	E — American Ind k, White, etc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5	+) (Gi	ve kind of	se retired.)	during ma	DN st of working	9	10	8b. KINO OF BUS				
OM	17. FATNER'S NAME (First, Middle, Last)		ПО	шеша	KCI	_	40 14070			Own		-		
	Charles Jean Pi	erre Hoci	hette					phie		, Middle, Maiden S	Sumeme)			
BE	19e. INFORMANT'S NAME (Type/Print)	0110 100		MAILING	ADORES	a tempt?) 2				mber, City or Town	0			
10	Marcelle O'S. Ri	vello								Potoma			224 20	OF A
	20e. METHOD OF DISPOSITION		20b. PLACE A					IIa					own, State	854
	1 X Buriat 2 Cremetion 3 Rem 4 Donetton 8 Other (Specify)	oval from State	cemetery, crem	natory or o	ther place)		9/	10/9	11				Wirgini	_
	21. SECHATURE OF FUNERAL PERVICE AN	ENGER		0084	6 R C	NAME AN ODET hevy	Chas	Pum	phre		ral	Home	/Bethes n Avenu	
CERTIFICATION	23. PART I. Enjor the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. Due to	(OR AS A CONSECUTION OF AS	UENCE OF	Pulmo	nary	Emb	olis	sm				Approxininterval E Onset an	Batween
ICAL CERTIF	that initiated events resulting in death) LAST PART II. Other algnificant condition	e contributing to	death but not re		in the un	derlying	- 4	ven in I	Part I.	24a. WAS AN A PERFORM		246	WERE AUTOPSY I	
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL				Lo		ACE OF DE	<i>></i> E		1 🗆 YES 2	No		COMPLETION OF OF DEATH?	
Sic	EXAMINER?	HOSPITAL:	ER/Outpetlent 3 (004	OTHER	R: .								
ВУ РНУ	27. MANNER OF OEATN 1 Natural 5 Pending 2 Accident Investigation	28e. OATE OF (Month, De	INJURY	26b. TIM		28c. INJU WOR	RY AT			er (Specify) ESCRIBE NOW IN.	JURY OCC	CURED		
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE Of building,	F INJURY — At horr atc. (Specify)	ne, ferm, s	treet, fact	ory, office			281. LO	CATION (Street any or Town, Stete)	d Number	or Rural F	Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 2 MEOICAL EXAMINE	CIAN: To the best of R: On the besie of ex	my knowledge, dear emination end/or in	th occurre	n, In my o	me, date o	and place, ath occure	end due 1 d at the t	to the co	e end plece, and	er ee stat	ed, e ceuse(a) end menner ea s	stated.
8	296. SIGNATURE AND TITLE OF THITTEEN	4					29c. LICEN	SE NUM	9ER	0	29d. DATE	SIGNED	(Month, Day, Year)	791
10	20. NAME AND PROPERTY OF PERSON WHITE AN BACH EL DATE FRESD IMPUR. Day, Hay	PUSKI)	OF OEATN (ITEM	27) (Type,		KVI	CHE	1	nic	E P	× k	wi	NE, 1	1
	SEP 09 191	Julianto	widson-Aas	dell				1						

			1 - STATE REGISTRAR	SIAIE UF MI	ANTLAND /	ERTIF	ICATE OF	DEALIN	TH	REG. 1		21 2014
-			1. DECEDENT'S NAME (First, Middle, Last)			/				2. DATE OF DEATH		3. TIME OF DEATH
V	Married World		Hee V	DUNG	04	_			- 1	09 C	DAY 9	YEAR 1054 M
	P		4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. las	t birthday)	IF UNDER 1 YEAR			7. DATE OF BIRTH (Month, Day, Year	1	8. BIRTHPLACE (State or Foreign Country)
'	1 -		219-92-0148	1 🔀 M 2 🗆 F	81	YRS.	MONTHS DAYS	HOURS	MIN.	May 2, 1		Korea
7	thom		9e. FACILITY NAME (If not institution, give a	treet end number)			9b. CITY, TOWN	OR LOCAT			7	TY OF DEATH
22.	2, 3	e e	Shady Grove Adver	ntist Hos	pital		Rockvi	lle			Mont	gomery
may a	-	ַלֵּי	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	,		100 CIT	TY, TOWN OR LOC					10d. INSIDE CITY
	Page	DIRECTOR	10000			metter in						LIMITS?
	it.		Maryland Montg	omery		Gai	thersbu	Of, ZIP COD)F		10g CITIZ	EN OF WHAT COUNTRY?
	st pe	A.	17060 King James	Way Ant	#902			2087			Kor	
ici	bunal-transit permit. Pages	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MED	13. WAS D			C ORIGIN? (Specify		14. RACE — American Indian,
46	Bunia		1 Never Merried 2 Merried	FORCES? 1	YES 2XXX	10	If yes,	specify Cub	an, Mexicen.	Puerto Ricen, etc.)		Bleck, White, etc.
21203-3146	as the	ВУ	3 Widowed 4 Divorced									Korean
203	for use a	COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade	CATION completed)	/G	ive kind of	Work done during in use retired.)	TION most of work	ing	18b. KIND OF	BUSINESS/IND	USTRY
212	d for		Elementery/Secondary (0-12)	College (1-4 or 5 +)	me.		,			Colf	E-nlow	and a
AND 2	detached once.	N N	17. FATHER'S NAME (First, Middle, Last)			1a	ilor	10 1407	THEO'S NAM	E (First, Middle, Mail	Employ	eu
		- 1	Jung Yoon	Oh				5257454			uen sumame)	
R₹	5 should notified	BE	19e. INFORMANT'S NAME (Type/Print)	OII	19	b. MAILING	G ADDRESS (Stree	Si		Chang	Town State 7In	Code)
MARYLAND	5 should notified	2	Sung Oh							ersburg		
2	page t be		20e. METHOD OF DISPOSITION		20b. PLACE	OF DISPO	SITION (Name of c					City or Town, State
MORE,	director, p		1 X Xuriel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)	oval from State	Norbe	ck M	emorial	Park	9/7	/91 03	lney, M	aryland
N S	iner iner	1	21. SIGNATURE OF FUNERAL SERVICE LIC	PARE			22. NAME	AND ADDRI	ESS OF FAC	ILITY DO V	1 Funo	ral Home
BALTIMORE,	the funeral dis yeal.		D. S. X	ul_	MO	0896	10 E	. Dee	r Par			burg, MD 20877
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	Operations and the conflicte has been signed by the attending physician and completely filled nous after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or tem 28 is marked, or item 23 shows any injury, or other traumatic event, the m	COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	shock or beart failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neutural 5 Pending Investigation Pending	a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, De) 28a. PLACE Of building,	OR AS A CONSEINANT OR AS A CONSE	OUENCE COUENCE	28. OTHER: 4 Nursing H ME OF JUNY M 1 street, factory, of	PLACE OF Dome 5 F NJURY AT WORK? YES 2	DEATH (Checked)	PER 1 YE Other (Specify) 28d. DESCRIBE HO City or Town, S	vet and Number tete)	or Rural Route Number,
	= 12 F	MP	(Check only	ICIAN: To the best of ER: On the besis of ex								ed. e ceuse(s) end menner sa stated.
ELEGOOD STATE	FUNERAL within 72		29b. SIGNATURE AND TITLE OF CONTIFIE		-	1	1	_	CENSE NUM			SIGNED (Jonih, Day, Weer)
2	문 등 교	BE	11 1		12	-)	7	121	(2)	▶	9/4/01
, -	5 =	일	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUS	OF DEATH (ITE	M 27) (Typ	e, Print)		76	edolo	7011	
13			1300 K	· KI	14	5	921	S.C.	afin	The	Vo CT	Sacras
			31 DATE FILED (Mogils Day, Year)	22. BEGISTRA	A'S SIGNATURE		1	7 -	1	200		20817



is after death. Page 6 may be retained by the hospital or attending physician. page 5 should be detached for use as the funeral director, ion, or removal. 0 cremation. completely executed within burial. and attending physician a certificate be the death the atten Mental H and that signed t been of of certificate has been the state Dept. of MB The ATTENDING PHYSICIAN: this c E HOSPITAL OR ATTENDING PH E FUNERAL DIRECTOR: After thi 1 within 72 hours after death w TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT; I

SEP 0

4 1991

1. DECEDENT'S NAME (First, Middle, Last) 2, DATE OF DEATH MONTH Sept. KATHRYN HOPKINS ORANGE 3 1991 7. DATE OF BIRTH
(Month, Day, Year)
Nov. 4,1922 BIRTHPLACE (State or Foreign Country) A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. момтив DAYS HOURS MIN 1 M 2 DEF 68 Maryland 217-18-1959 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Center DIRECTOR Pleasant Living Convalescent Edgewater Anne Arundel 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Pages Maryland Anne Arundel Annapolis 1 XYES 2 NO permit. 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 21403 U.S.A. bunial-transit 104 Cypress Road 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yea, specify Cuban, Maxican, Puarto Rican, atc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: В 3 Widowed 4 Divorced White ETED | 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) COMPL A.A.Co. School Custodian notitied at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) 띪 rchibald A Hopkins Pearl Lowman 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 eanne Duval Claibourne Road Edgewater, MD 21037 be 20e. METHOD OF DISPOSITION
1 M Burlel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, Stata must illcrest Donation 5 Other (Specify) _ 9/6 Cemetery Annapolis, examiner 21. SIGNATURE OF FUNERAL SERVICES 22. NAME AND ADDRESS OF FACILITY Taylor Funeral Chapel 21401 Gloucester St. Annapoli 147 medicai 23. PART I. Enter the diseases, or complications that coused the desth. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximats ahock, or heert fellure. List of v one cause on sech line. intervel Batween Onset and Death IMMEDIATE CAUSE (Finel other traumatic event, the disease or condition_ Preumonia resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Cerebra CERTIFICATION Sequentielly liet conditione, if any, leading to immediate couse. Enter UNDERLYING endar CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 Injury. PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO any COMPLETION OF CAUSE teau 1 YES 2 NO Shows 2 an Failure 1 TES 2 NO Coronor PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) item HOSPITAL: OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) 1 Inpatient 2 1 YES 2 NO ■ 3 □ DOA ö 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation 1 YES 2 NO A 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 69 8 Could not be COMPLETED 28 4 Homicide datarmined Hem 1 ERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated END. BIGNATURE AND FIFLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE BIGNED (Month, Day, Worl) BE 2 RSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) John Serlemitos Adm 180 32. REGISTRAR'S SIGNATURE

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OF VITAL

DIVISION

CRUIS, RAY E K C 72 167-35-0345 PIGUION, TVE 09/04/9

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH YEAR RAY E. ORWIG Sept 1991 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 167-36-0345 Oct. 27 .1918 Pennsylvania 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Anne Arundel Medical Center Annapolis DIRECTO Anne Arundel 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY 10a, STATE 1 YES 2 NO Maryland Anne Arundel Crofton FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1736 Tedbury Street 21114 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, stc. If yes, specify Cuban, Mexican, Puerto Ri
1 ☐ YES 2 Ñ NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: BY 3 Widowed 4 Divorced -1952941 White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) + 5 Director Nursing 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Margaret Yoxtheimer Charles E. Orwig BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ACORESS (Street and Number or Rural Route Number City or Town, State, Zio Code) 2 Ullswater Place, Crofton, MD 21114 Robert Agee 741 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION -- City or Town, State DATE 20a. METHOD OF DISPOSITION

1 Burial 2 Cremation 3 Removal from State

4 Departion 5 Other (Specify) Crematory 9/6 VA tan Alexandria, RE OF FUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY Taylor Funeral Chapel 21401 Gloucester 147 St. Annapolis 23. PART I. Enter the diseases, or complications to at wased the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one use on each line. Interval Between Onset and Death **IMMEDIATE CAUSE (Final** diseese or condition_ resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) item ; OTHER: 1 YES 2 AND 1 | Inpatient 2 | ER/Outpatient 3 | DOK

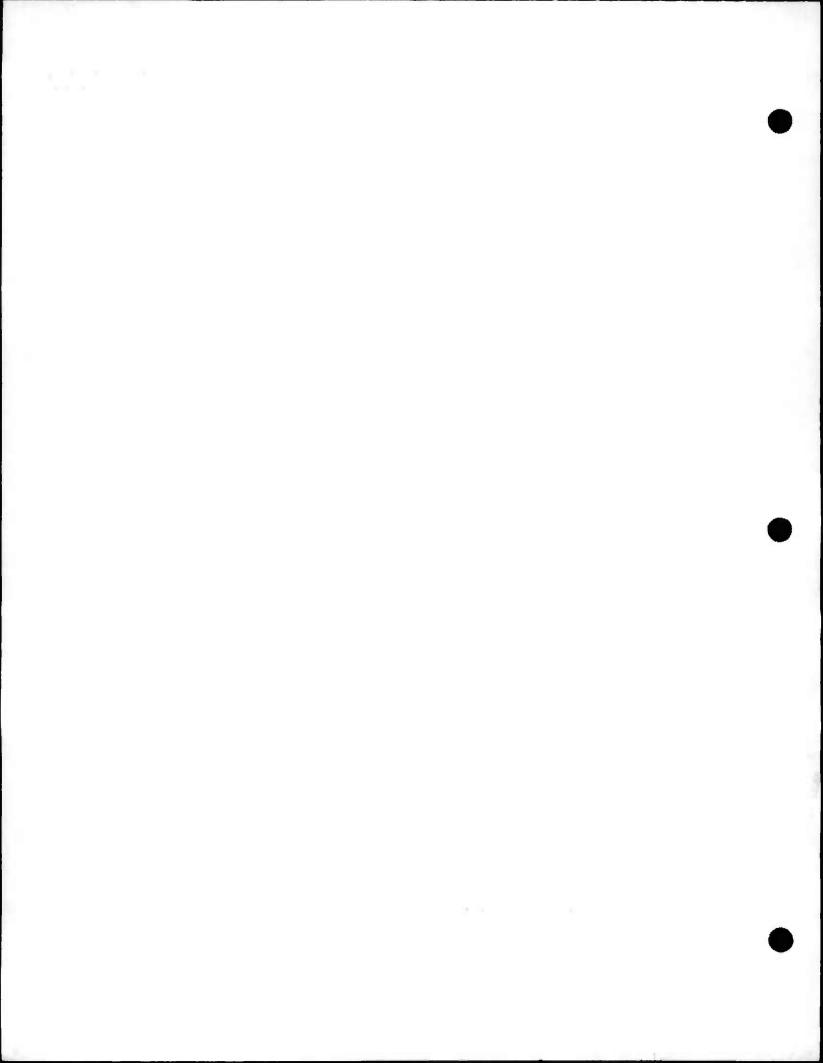
ng Home 5 - Residence 8 - Other (Specify) 4 I Nu 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28d. OEȘCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 Z Natural 1 YES 2 NO 2 Accident 26s. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined 4 🗌 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIN NED AMO WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 205 32. REGISTRAR'S SIGNATURE DHMH-16 Ray 1/89 would tell the state of the base of

LE S. SEX I M 2 F S. SEX I M 2 F Utton, give street and number) Y HILL ROAD DENT Bib. COUNTY WORCESTER 12. WAS DECEDENT FORCES? IF YES, GUX WE ENT'S EDUCATION Ighest grade completed) College (1-4 or 5+)	AD VES 2 AD VES 2 AR OR DATES KEAN	YRS. 10c. CIT	PARSO IF UNDER MONTHS 9b. CITY, Y, TOWN O BERL	TOWN OF B	F UNDER 24 HRS. HOURS MIN. R LOCATION OF D SERLIN	2. DATE OF DEA' MONTH STATE 7. DATE OF BIRT (Month, Day, Ve DEC. 4,	3, 199 H s. 1932 M	BIRTHPLACE (State or F Country) ARYLAND OF DEATH PRCESTER 10d. INSIDE CIT LIMITS?
IN M 2 F ution, give street and number) Y HILL ROAD DENT	AD Ves 2. And a contact of the cont	YRS.	9b. CITY,	TOWN OF B	HOURS MIN. R LOCATION OF D	DEC. 4,	1932 M.	Country) ARYLAND OF DEATH DRCESTER 10d. INSIDE CIT LIMITS?
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conditiona contributing to	death but not	t resulting	in the ur	nderlylng	cause given in	PI	ERFORMED?	24b. WERE AUTOPSY AMAILABLE PRIO COMPLETION OF OF DEATH? 1 YES 2
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26a. DATE OF (Month, Da	INJURY	28b. TIN	AE OF	28c. INJL WOR	JRY AT			RED
26e. PLACE Of building.	F INJURY — AI alc. (Specify)	home, farm,	street, fact	tory, office		28f. LOCATION (City or Town,	Street and Number or State)	Rural Route Number,
F CERTIFIER	ma	10			29c. LICENSE NO	JMBER	29d, DATE 6	SIONED (Month, Day, Yea
	B N 3 Ramoval from Stata pockly SERVICE LICENSEE DUE TO DUE TO DUE TO C. Conditiona contributing to MEOICAL HOSPITAL: 1 Inpetlent 2 25a. DATE OF (Month, D) vestigation ould not be harmined	B N 3 Ramoval from Stata 20b. PLAC PLACE OF INJURY Abuilding, aic. (Specify)	B 10316 N 3 Removal from State pockly) SERVICE LICENSEE DESSES, or complications that council the death. Do not failure. List only one cause on each line. DUE TO (OR AS A CONSEQUENCE Co. DUE TO (OR AS A CONSEQUENCE Co. DUE TO (OR AS A CONSEQUENCE Co. DUE TO (OR AS A CONSEQUENCE Co. DUE TO (OR AS A CONSEQUENCE Co. DUE TO (OR AS A CONSEQUENCE Co. DUE TO (OR AS A CONSEQUENCE Co. DUE TO (OR AS A CONSEQUENCE Co. DUE TO (OR AS A CONSEQUENCE Co. DUE TO (OR AS A CONSEQUENCE CO.	B 10316 CAT N 3 Removal from State pockly DALE CEMETERY SERVICE LICENSEE 24 S DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): d. Conditions contributing to death but not resulting in the unit of the conditions contributing to death but not resulting in the unit of the conditions contributing to death but not resulting in the unit of the conditions contributing to death but not resulting in the unit of the conditions contributing to death but not resulting in the unit of the conditions contributing to death but not resulting in the unit of the conditions contributing to death but not resulting in the unit of the conditions contributing to death but not resulting in the unit of the conditions contributing to death but not resulting in the unit of the conditions contributing to death but not resulting in the unit of the conditions contributing to death but not resulting in the unit of the conditions contributing to death but not resulting in the unit of the conditions contributing to death but not resulting in the unit of the conditions contributing to death but not resulting in the unit of the conditions contributing to death but not resulting in the unit of the conditions contributing to death but not resulting in the unit of the conditions contributing to death but not resulting in the unit of the conditions contributing to death but not resulting in the unit of the conditions contributing to death but not resulting in the unit of the conditions	B 10316 CATHELL N 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (of Comparator, or other place) SERVICE LICENSEE 22h AMS A NI SELBY Basses, or complications that could the deeth. Do not enter the modern failure. List only one cause on each line. DUE TO (OR AS A CONSEQUENCE OF): d. B. DUE TO (OR AS A CONSEQUENCE OF): d. C. DUE TO (OR AS A CONSEQUENCE OF): d. C. DUE TO (OR AS A CONSEQUENCE OF): d. C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A C	B 10316 CATHELL ROAD, Samoval from State	B 10316 CATHELL ROAD, BERLIN, S Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of Competary, Committee place) 2 - 6 - 91 SERVICE LICENSEE 22 - 6 - 91 PART CENTER 22 - 6 - 91 PART CENTER 23 - 6 - 91 PART CENTER 24 - 6 - 91 PART CENTER 25 - 6 - 91 PART CENTER 1 1 DUE TO (OR AS A CONSEQUENCE OF): d. 26. PLACE OF INJURY AT WORK? Injury WORK? 1 YES 2 NO 260. PLACE OF INJURY AI home, farm, street, factory, office 261. LOCATION (City or Rown, farm) at reaction, deta and place, and due to the cause(e) at rearmined CYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) at rearmined	B

		1 - FOR STATE REGISTRAR	STATE OF MARYLANI	D / DEPAR Certif	RTMENT	OF H	HEALTH AND I	MENTAL HYGIEN REG. NO	-	25748
(P				s. feat birthday) YRS.	Par F UNDER 1	m	IF UNDER 24 HRS. HOURS MIN.	2. DATE OF DEATH MONTH D PEPTEMBER 7. DATE OF BIRTH (Month, Day, Near) 7-1-191	199 8. Bi	RTHPLACE (State or Foreign unity)
1, 2; 3 should	DIRECTÓR	9a. FACILITY NAME (II not institution, give stree Peninsula General I	et and number)	1110.			DR LOCATION OF DE Sbury		9c. COUNTY O	
physician. burial-transit permit. Pages		De. Sussing 100. Sussing 100. Street and number	ex		y, town or Laure	1	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
clan.	FUNERAL	Rt#2 Box 183	WAS DECEDENT SINCE			L	19956		US	SA
attending physician se as the burial-trai	BY	1 Never Merried 2 A Merried 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. FORCES? 1 ☐ YES 2 IF YES, GIVE WAR OR DATES	, ARMED K NO	H y	yes, sp	ENDENT OF HISPAN ecity Cuban, Maxica 2 X NO Specify	IC ORIGIN? (Specify Yea n, Puerto Rican, atc.)	В	ACE — American Indian, lack, Whita, atc. pecity: WHITE
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× 2 %	BE COI	17. FATHER'S NAME (First, Middle, Last) Charles Payne						n Hubbard		
be retained t ge 5 should e notified	10	19a. INFORMANT'S NAME (Type/Print) Reva D. Payne						loute Number, City or Town		
e 6 may ector, pa must b		20e_METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Ramova 4 Donation 5 Other (Specify)	Me I	CE AND DATE (OF DISPOSITI	ON/Na		DATE 20c. LO	cation - city of	
		21. SIGNATURE OF FUNERAL SERVICE LICEN William W	1. Hort 1	/	Sho:	rt . B	ox 204 D	Home, Inc.	19940	
ted within 24 hours after completely filled in by the ial, cremation, or removal : event, the medical		23. PART I. Entar the diseases, or con ahock, or hasrt failure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	pplications that caused the tonly one cause of each I	iina.	_			4		Approximate Interval Between Onset and Dasth
he death certificate be executed the attending physician and corr Mental Hygiene prior to burial, ijury, or other traumatic ev	CERTIFICATION	Sequantially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated avents resulting in death) LAST	DUE TO (OR AS A CON	SEQUENCE OF	n:	Ar	ncti	de Jus	ng 10	lieure
been signed by to of Health and shows any in	MEDICAL	PART II. Other algorificant conditions of Rente him	ontributing to death but no pear de sang F	ot resulting i	n the unda	P	csuse given in I	Part I 24s. WAS AN / PERFORI 1 YES 2	MED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
CIAN: The law printing the State Dept.	SICIAN:		OSPITAL: Inpetient 2 ER/Outpetient	3 🗆 DOA	OTHER:		ACE OF DEATH (Chec			
this ce with t	ву рну	27. MANNER OF DEATH 1 Retural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28 URY	ic. INJU WOF	JRY AT RK? ES 2 NO	28d. DEŞCRIBE HOW IN	JURY OCCURED	
DR ATTENDING DIRECTOR: After hours after death item 28 is ma	ETED	3 Suicide 8 Could not be date mined	28s. PLACE OF INJURY — At building, atc. (Specify)	home, ferm, s	treet, factory	, office		28t, LOCATION (Street ar City or Town, Stete)	nd Number or Run	Il Route Number,
西京日	COMPL	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL One) 2 MEDICAL EXAMINER: C	N: To the best of my knowledge, In the basis of exemination and/	death occurre or investigation	d at the time	, data i	and place, and due t	o the cause(s) and mannime, data and place, and	ner as stated. I due to the caus	e(s) and manner as stated.
TO THE HOSPI TO THE FUNES DE filed within IMPORTANT:	TO BE (29b. SIGNATURE AND TITLE OF CERTIFIER 30, NAME AND ADDRESS OF PERSON WHO CO	· Me-T	7			29c. LICENSE NUMI 17576	70	29d. DATE SIGN	ED (Mogth, Day, Year)
	8	31. DATE FILED (Month, Day, Year)	32. REDISTRAR'S SIGNATURE	a	rrint)	00	Person	e Pole	ff f	2/501

DHMH-16 Rev 1/89

	_	REGISTRAN			OLITTI	IOAIL	OI.	DEA			REG. NO.			
	•	1. DECEDENT'S NAME (First, Middle, Last) Virginia Smi	l	_	Purnell					MONTH			YEAR	3. TIME OF OEATH
		VIRGINIA Sm	5. SEX		yrs. last birthday)	IF UNDER t	YEAR	IF UNDER	24 HRS.	7, DATE O	08 DE BIRTH		91	3 a ^M PLACE (State or Foreign
(p		215-20-4242	1 M 2 X F		88 YRS.		DAYS	HOURS	MIN.		Day, Year)		Country	
3 5	1	9a. FACILITY NAME (If not institution, give st	reet and number)		- 00	9b. CITY, T	OWN (OR LOCATION	ON OF DE		703	9c. COUN		
	NO.	Berlin Nursing Hom	e			BERL	IN					WO	RCE	STER
Many	2	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			100 00	ry, town or	LOCAT	TION					T	10d. INSIDE CITY
Se - NO	DIRECTO	22.00	CESTER			ERLIN		. ION					- 1	LIMITS?
ermit.		10e. STREET AND NUMBER	CLOTEIX				_	f. ZIP COO	E			10g. CITIZ	EN OF W	HAT COUNTRY?
physician. burial-transit permit.	FUNERAL	202 BRANCH STR	EET					2181	1			US	SA	
sician ial-tra	5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	T EVER IN	U.S. ARMED					NIC ORIGIN In, Puarto R	? (Specify Yea	or No-	14, RACE Black	— American Indien, White, atc.
ing phy the bur	BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W			11	YES	2 X NO	Specif				Specif	y:
as as		15. DECEDENT'S EDUC	CATION		16a. DECEDENT'S	B USUAL OCC	CUPATION	ON		16b.	KINO OF BUS	SINESS/INDI		an American
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E 8	P.	ninth grade			domesti	c wor	ker			l h	ouseke	eeper		
the hospit detached once.	COMPL	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, N	fiddle, Malden	Surname)		
8 A A	BE (George Smack							Ad	die				
5 should notified	10	19a. INFORMANT'S NAME (Type/Print)									er, City or Town	1		
y be re sage 5		Joyce Harris		1						ilin, I	Maryla			
e 6 may ector, pa must b		20a. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	oval from Stala		PLACE OF DISPO				natory or		1	cation $-\alpha$	-	
Page al direc		21, SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Λ	vergreer	22. N	AME A	ND AODRE	SS OF FA	CILITIQ+	#2 F	30x 92	20 1	ersey Rd
r death. e funeral. al.		Patricisch	llerx	ash	ley	Jo	olle	y Me	mori	ial Cl	napel,	Salis	bury	, MD 21801
d in by the or removal.		23. PART I. Enter the disease for a shock, or heart a jure.	complications the	t caused	the deeth. Do	not enter t	he mo	ode of dy	ing, suc	h ea card	ilec or reapi	ratory arm	est,	Approximate interval Between
DO E		IMMEDIATE CAUSE (Final	1	25057.57	U									Onset and Death
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0 9	ME													1 YES 2 NO
has beer of Dept. of	ä													
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TTENDI CTOR: A after d	8	3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE C building,	OF INJURY - , atc. (Speci	— At home, farm	, street, facto	ry, offi	lca		28f. LOC City	ATION (Street or Town, State)	and Number	or Rural F	loute Number,
AL OR AL DIRI 2 hour 11 item	COMPLET	29a. CERTIFIER (Check only one) 1 DERTIFYING PHYSICAL EXAMINE) and manner as stated.
HOSPITAL FUNERAL Within 72		29b. SIGNATURE ND TITLE OF CERTIFIE	R					29c, LIC	ENSE NU	MBER		29d. DATI	E SIGNED	(Month, Day, Year)
TO THE HOSPIT TO THE FUNERA DE filed within 7	BE	m	7	_		7			2026				29/	
	임	30. NAME AND ADDRESS OF PERSON WH												
	10	Federico G.			·	Ocea	n F	pines	В	erli	n, MD	21811		
	$ \Psi $	31. DATE FILED (Month, Day, Year) CFD 0 3 '91	32. REGISTRA	AR'S SIGNA	Pando									



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	1. DECEDENT'S NAME (First, Middle, Last)	LIGHT CHARLES	ownel	VELL		2. DATE O	4 C-	31.	3. TIME OF D
1	4. SOCIAL SECURITY NUMBER 7918	S. SEX S. AGE		IF UNDER 1 YEAR WONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O (Month,	Pay, Year)		BIRTHPLACE (State of Country)
1	90. FACILITY NAME (If not institution, given			эь. ciту, тоwn с Balti	or location of de Linore	ATH	90.	COUNTY	OF DEATH
ECT	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT		10c. CITY,	JOWN OR LOCAT		-			10d. INSIDE (
DIR	Maryland How		8	Errice		Y	124		1 YES 2
BAL	10e. STREET AND NUMBER 261	3 Orchard Ave	And	101	1. ZIP CODE	1 /A	B 10		S.A.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes, sp	CENDENT OF HISPAN secify Cuben, Mexicar 3 2 NO Specify	, Puerto Ri			RACE — American Black, White, etc. Specify:
8	15. DECEDENT'S ED (Specify only highest grac	DUCATION de completed)	16a. DECEDENT'S U	ISUAL OCCUPATION OF MORE		18b.	KIND OF BUSINES	SS/INOUST	
PLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Illa. Do NOT use	retired.) Leeman	201 or 110		Sears	Roel	nuck
COMPL	17. FATHER'S NAME (First, Middle, Last)		00.3	Leemen	18. MOTHER'S NAI	ME (First, Mi			74011
	Charles R P	owell Sr.					ensel		
TO BE	19e. INFORMANT'S NAME (Type/Print)	-11			and Number or Rural F				
8	Mrs Shirley Pow	201	b. PLACE OF DISPOSI		-	TICO	-		or Town, State
	150 Buriel 2 Cremation 3 Rei	moval from State	other place)		rd Cemete	ry			t City Mo
	21. SIGNATURE OF FUNERAL SERVICE L	LICENSEE			ND ADDRESS OF FAC				
		11 11 11	l -	Пагг	V PI WILLIAM	for at their	ICL CAM III	UIIIE .	1.111. 4
10 mg mg mg mg mg mg mg mg mg mg mg mg mg	23. PART I. Enter the diseases, or shock, or heart feliure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Duptur	ed Klar	4112 ot enter the mo	Old Colu	mbia	Pikeel	licot	tt City
	ahock, or heart feliure IMMEDIATE CAUSE (Finst disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING	a. Duptur DUE TO (OR AS A	A CONSEQUENCE OF	4112 at enter the macoals	Old Colu	mbia	Pikeel	licot	tt City Appro
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10.00

1	•	STATE REGISTR	A
	1. D	ECEDENT'S	N

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CERTIFICA	ATE OF	DEATH	REC	G. NO.						
- 1	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DE	ATH	3	. TIME OF DEATH 7				
	JAMES LAMBERTH	PHELPS,	Sr.		August	0AY	PEAR	11. 19 U. OM				
			NOER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR			ACE (Stete or Foreign				
	579-28-1.773 1× m 2 □ F 63		-	HOURS MIN.	(Month, Day,	Year)	Country)	No. 15-20 market				
								sh. D.C.				
~	9e. FACILITY NAME (if not institution, give street end number)			OR LOCATION OF DE	EATH	-1100	UNTY OF DEA					
Ö	KIMBROUGH ARMY COMMUNITY	HOSP.	FT.	MEADE		AN	NE AF	RUNDEL				
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	100 CITY TO	WN OR LOCAT	TION			1.	Od. INSIDE CITY				
<u>E</u>		72.51		1011				LIMITS?				
KIMBROUGH ARMY COMMUNITY HOSP. FT. MEADE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Laurel 10c. STREET AND NUMBER 248 Marganza South 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF H 11 Proper Merried 13. WAS DECENDENT OF H 11 yes, specify Cuben, M												
₹	10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?											
9	248 Marganza South 20724 U.S.											
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE- 14. RACE- 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RACE- 16. Was December of Country Year or No— 15. RACE- 17. Many Marital Status 18. Was December of Hispanic Origin? (Specify Yea or No— 15. RACE- 19. Was December of Hispanic Origin? (Specify Yea or No— 15. RACE- 19. Was December of Hispanic Origin? (Specify Yea or No— 15. RACE- 19. Was December of Hispanic Origin? (Specify Yea or No— 15. RACE- 19. Was December of Hispanic Origin? (Specify Yea or No— 15. RACE- 19. Was December of Hispanic Origin? (Specify Yea or No— 15. RACE- 19. Was December of Hispanic Origin? (Specify Yea or No— 15. RACE- 19. Was December of Hispanic Origin? (Specify Yea or No— 15. RACE- 19. Was December of Hispanic Origin? (Specify Yea or No— 15. RACE- 19. Was December of Hispanic Origin? (Specify Yea or No— 15. RACE- 19. Was December of Hispanic Origin? (Specify Yea or No— 15. RACE- 19. Was December of Hispanic Origin? (Specify Yea or No— 15. RACE- 19. Was December of Hispanic Origin? (Specify Yea or No— 15. RACE- 19. Was December of Hispanic Origin? (Specify Yea or No— 15. RACE- 19. Was December of Hispanic Origin? (Specify Yea or No— 15. RACE- 19. Was December of Hispanic Origin? (Specify Yea or No— 15. RACE- 19. Was December of Hispanic Origin? (Specify Yea or No— 15. RACE- 19. Was December of Hispanic Origin? (Specify Yea or No— 15. RACE- 19. Was December of Hispanic Origin? (Specify Yea or No— 15. RACE- 19. Was December of Hispanic Origin? (Specify Yea or No— 15. RACE- 19. Was December of Hispanic Origin? (Specify Yea or No— 15. RACE- 19. Was December of Hispanic Origin? (Specify Yea or No— 15. RACE- 19. Was December of Hispanic Origin? (Specify Yea or No— 15. RACE- 19. Was December of Hispanic Origin? (Specify Yea or No— 15. RACE- 19. Was December of Hispanic Origin? (Specify Yea or No— 15. RACE- 19. Was December of Hispanic Origin? (Specify Yea or No— 15. RAC											
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	Durie 1740 Mic							White				
COMPLETED	15. DECEDENT'S EDUCATION 16 (Specify only highest grade completed)	Give kind of work	done during mo		16b, KIND	OF BUSINESS/II	IDUSTRY					
12	Elamentary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use ret										
윷		<u>Personnel</u>	. Manai			Air F	orce					
8	17. FATHER'S NAME (First, Middle, Lest)			16. MOTHER'S NA		Maiden Surname)						
BE	James Phelps			Nannie	Turner							
6	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING ADE	RESS (Street	and Number or Rural I	Route Number, City	or Town, State, 2	(Ip Code)					
F	James L. Phelps, Jr.	248 Mar	ganza	South, 1	Laurel,	Maryla	nd 207	24				
	20e. METHOD OF DISPOSITION 1	LACE OF DISPOSITIO	N (Name of ce	metery, crematory or		20c. LOCATION -	- Cify or Town	n, State				
	4 Donation 5 Other (Specify) Me	tro Crema	tory.	Inc.		Catons	ville.	Maryland				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME A	ND ADDRESS OF FA	CILITY							
	+ 4/6/4 Com () //.			ldson Fur								
	Levely Margaret	7-		Talbott A								
	23. PART I. Enter the diseases, or complications that caused the shock, or heart failure. List only one cause on each	he daath. Do not e h line.	enter the mo	ode of dying, auc	h aa cardiac o	r reapiretory a	irreat,	Approximate interval Between				
	IMMEDIATE CAUSE (Final											
	disease or condition sesuiting in death)	we b) LSe	des				Thouse				
	DUE TO (OR AS A CO	ONSEQUENCE OF):										
Z	Pheumoma.											
원	Sequentially list conditions, If any, leading to immediate		0	1- 0								
2	CAUSE (Disease or Johns)	ac in	cell	which	Oi							
Trany, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury) CAUSE (Disease or Injury) DUE TO (OR AS A CONSEQUENCE OF):								!				
트	that initiated events		resulting in death) LAST									
ERTIFI	that initiated events											
. CERTIFICATION	resulting in death) LAST	not recuiting in th	a undadula	a cause about in	Bort I 24c	MAN AN ALITODO	V 1045	MEDE AUTOROV SIMOMOO				
	that initiated events	not resulting in the	na underlyin	g cause given in		WAS AN AUTOPS PERFORMED?	1	WERE AUTOPSY FINDINGS				
DICAL CERTIFI	resulting in death) LAST	not resulting in the	na underlyin	g cause given in								
DICAL	resulting in death) LAST	not resulting in th	na underlyln	g cause given in		PERFORMED?		WAILABLE PRIOR TO COMPLETION OF CAUSE				
DICAL	resulting in death) LAST	not resulting in the	na underlyln	g cause given in		PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
DICAL	PART II. Other algnificant conditions contributing to death but		26. P	g cause given in	1	PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
DICAL	resulting in death) LAST d. PART II. Other algorificant conditions contributing to death but		26. P		1 [YES 2 0		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
DICAL	PART II. Other algnificant conditions contributing to desth but 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 I I I I I I I I I	ent 3 DOA 4	26. P FHER: Nursing Hor	LACE OF DEATH (Ch	1	YES 2 0	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
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BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YNO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only One) 2 MEDICAL EXAMINER: On the basic of examination e 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH 31. Death of the series of examination e	ent 3 DOA 4 DOA 4 DOA 4 DOA 4 DOA 1	26. P THER: Nursing Hor 28c. IN. M 1 It, factory, office	LACE OF DEATH (Ch ne 5 Reeldance JURY AT DRK? YES 2 NO	1 1 1 1 1 1 1 1 1 1	YES 2 100 Offy) (Street and Numbon, State) and menner ee a	occureD oer or Rural Ro tated, the ceuse(e)	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! YES 2 NO Ute Number, end menner as stated.				
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5 / vet

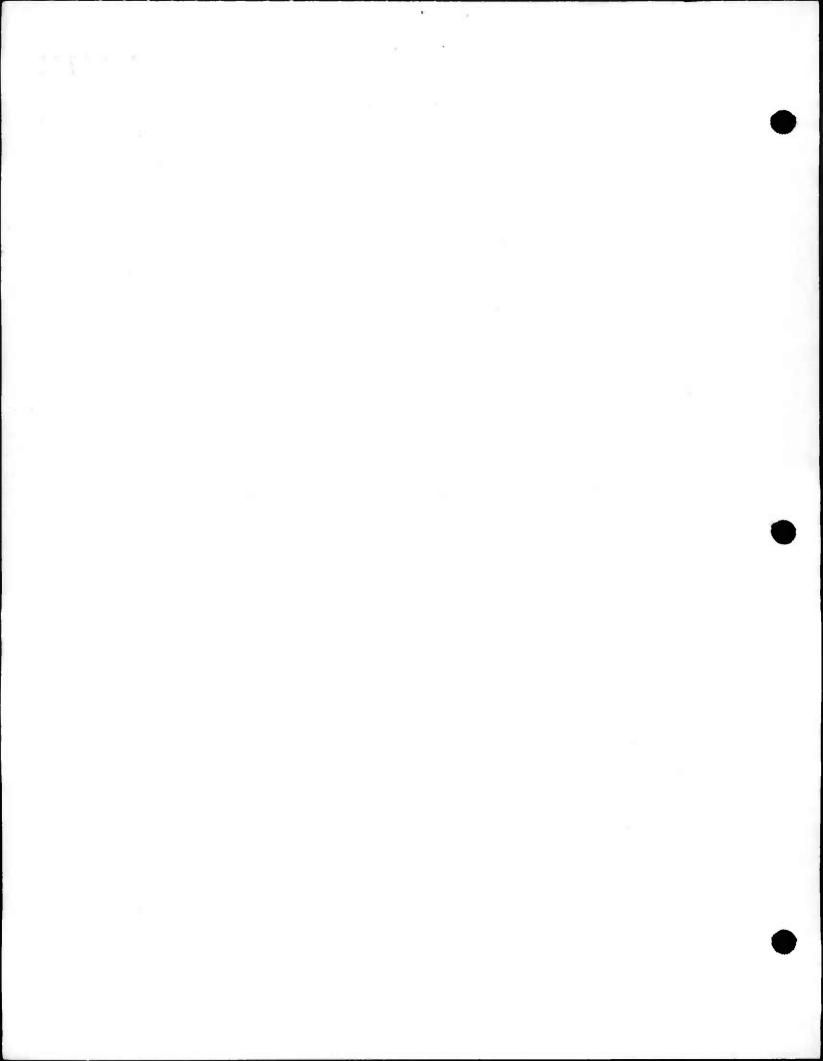
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MA			ICATE					YGIENE EG. NO.			_010L
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF I	DEATH		EAD S	. TIME OF DEATH
	Betty	Lo	uise			PO	OLE		Septe	mber"	14,19	91	12:05pm
	4. SOCIAL SECURITY NUMBER		B. AGE (In yrs. last		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF B (Month, Day	v. Year)		BIRTHPI Country)	ACE (State or Foreign
	216-22-8279	1 M 2 X F	65	YRS.					Nov.16,1925 Virginia				
+6	9a. FACILITY NAME (if not institution, give a				9b. CITY		R LOCATIO		EATH		9c. COUNT		
Ö.	2009 Wolford Ave					Hag	erst	own			WASH	IING	TON
DIRECTOR	10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCAT	ION					1	Od. INSIDE CITY
	Maryland Was	hington		Ha	gers	town						1	YES 2 X NO
¥	10e. STREET AND NUMBER					10f.	ZIP COD				-		AT COUNTRY?
当	2009 Wolford Ave							740			USA	1	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 N		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuben, Maxican, Puerto Rican, etc 1 ☐ YES 2 ☒ NO Specify:						or No— 14	Specify:	- American Indian, White, atc.
	15. DECEDENT'S EDUC (Specify only highest grade		16a. DEC	CEDENT'S	USUAL O	CCUPATIO	N at of workin	107	16b. KIN	D OF BUSI	NESS/INDUS	TRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)			work done se retired.)					liama			
COMPLETED			HOI	usew	rre					Home			
BE CO	17. FATHER'S NAME (First, Middle, Last) Charles	Henry Kitchen, Sr. Gladys								iise	-	Rogers	
은	19a. INFORMANT'S NAME (Type/Print)		196						Route Number, (
	Norman S.Poole							_	gersto				
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ovel from State	Cedar	Law	n Mer	nori	al Pa	ark			ation — ch jerstc		n, State MD 21740
	21. SIGNATURE OF FUNETRA SERVICE LIC	CENSEE			22.	OSBO	RNE	-UNE	RAT HO		ort N	1D 2	1705
	23. PART I. Enter the diseases, or o	complications that	caused the de	nth. Do									Approximata
	ahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Guo	Lu P	cel	ne	n	ny	a	n	rt			Interval Batween Onset and Daath
TION	Sequentially list conditions, fi any, leading to immediate										lenge		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	C. DUE TO (OR AS A CONSEQUENCE OF):									ank		
	PART II. Other algnificant condition	a contribution to	looth but not n		In the co			-11-	Beat La	. WAS AN		1	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL		uneTo								PERFORI	MED?		WALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Ž	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	EATH (Ch	eck only one)			_	
Sign	1 TYES 2 NO.	HOSPITAL: 1 inpatient 2	ER/Outpetlent 3	□ DOA	OTHE:		e 5 □ Ri	aldence	6 Other (Sp	pecify)			
	27. MANNER OF DEATH 1 Netural 6 Pending	26a. DATE OF (Month, De		28b. TIR	ME OF JURY		URY AT] NO	28d. DESCRI	BE HOW IN	JURY OCCU	RED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF building, of	INJURY — At her	me, ferm,	street, fac				281, LOCATIO City or R	ON (Street ar	nd Number of	Rural Ro	ute Number,
	200 CERTIFIER											_	
COMPLETED	(Check only one) 2 MEDICAL EXAMINE												and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	R /					29c. UC	ENSE NUI	MINER		29d. DATE	SIGNED (Month, Day, Year)
8	LLJack	-LM	30				20	99	30		191	16	191
임	30. NAME AND ADDRESS OF PERSON WE	CER	Sna	M 27) (Typ	, Print)	14	In	V.	Wiss	nere	The Park	vf.	12174
	31. DATE FILED COM. Toy Book 9 1	32. RECHTHAI	TIGHATURE	Band	482			Q					

PORTER

YEAR 1991

3. TIME OF DEATH

1	465-24-625	.A	1 M 2 D	6. AGE (In yrs. las	t birthday) YRS.	MONTHS	DAYS	HOURS	R 24 HRS.	(Mo	e OF BIRTN nth, Day, Year)		8. BIRTHP Country)	LACE (State or Foreign
1	9a. FACILITY NAME (# not in			90		Oh CITY	TOWAR	OR LOCATI	011.05.0		- 9-]		Kans	
E	4300 Maple		aron and nomber)			l			ON OF DE	EATH			9c. COUNTY OF DEATN	
DIRECTOR	RESIDENCE OF DEC	CEDENT				Beltsville Prince Geor					eorges_			
R	10a. STATE	10b. COUNT			10c, CIT	Y, TOWN C	R LOCA	TION						IDD. INSIDE CITY
			nce Geor	ges	В	elts	vill	Le						YES XX NO
RA	10e. STREET AND NUMBER	4300 Maple Place					10	f. ZIP COD						AT COUNTRY?
FUNERAL	11. MARITAL STATUS	Mapre					\perp	2070						tates
4	1 Never Married 2 Married FORCES? 1 YES			YES XX	MED NO	1 1	f yea, ap	ecify Cuba	n, Maxica	in, Puerte	IN? (Specify You Rican, atc.)	na or No-	14. RACE - Black,	- American Indian, White, atc.
8		₩X Widowed 4 □ Divorced IF YES, GIVE WAR OR DATES					YES	NO XX	Specify	y:			Specify:	White
COMPLETED	15, DEC (Specify onl)	EDENT'S EDU	CATION completed)	18a. DE	CEDENT'S	USUAL O	CUPATH	ON pet of working		10	b. KIND OF B	USINESS/IN	DUSTRY	
۳	Elementary/Secondary (I	0-12)	College (1-4 or 5	+) life.	Do NOT us	se retired.)	roving mo	est of working	~					
	12 years		2 years	S	ecre	tary					Churc			
		L.	Gobb	10							, Middle, Maide		_	
BE	19a. INFORMANT'S NAME (1		GCDD		MAILING	ADDRESS	(Parent)		ella		May	Sel		
2	Doris P. Co					as :		ind Number	Or Hurai i	HOURE NUI	mber, City or To	wn, State, Zi	p Code)	
	20a METNOD OF DISPOSIT	ION	en conto	20b. PLACE A	NDDATE	OF DISPOS	TION /Na	ame of		DA	TE 20c. L	OCATION -	City or Town	State
	4 Donation 5 Other	(Specify)	oval from Stata	Buena	VIS	ta Ce	emet	ery	9/	9/9	1			Texas
	21. SIGNATURE OF FUNERA	L SERVICE LIC				22.1	NAME AF	ND ADDRES	SS OF FAC	CILITY	-34 D			, P.A.
	Morale	dVi	Boyer.	audit.		44	iuu Mat	av. Powd	BOL M	gwau 14 1 1	DA D	neral	Home	, P.A. Md. 20705
	23. PART I. Enter the di	iseases, or o	omplications the	t caused the de	eth. Dp r	ot enter	the mo	da of dyi	ng, aucl	h aa ce	rdiec or res	Diratory ar	TITE,	Approximate
	IMMEDIATE CAUSE (Fin	cort longie.	List Dnly Dna cau	iea Dn each line								,		interval Between Onaet and Death
	disease or condition									1/2 YEARS				
	DUE TO (OR AS A CONSEQUENCE OF):										112 1674			
NO	Sequentially list conditions, If any leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									2 YEARS				
ATI	If sny, leading to immed cause. Enter UNDERLY						,	DISEASE						
FI	CAUSE (Disease or Inju	ly S		(OR AS A CONSEC							2 YEARS			
CERTIFICATION	resulting in death) LAS	T ,	d											
	PART II. Other significe	nt condition	s contributing to	deeth but not re	eulting I	n the un	dominio		december 1 - 1	D. d.I.	T			
MEDICAL	HYPERT	TENSION	V	decin but not n	sauring i	ii tile tili	anti yang	g ceuse g	iven in i	Part I.		RMED?	A	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO OMPLETION DF CAUSE
ED										_	1 TYES	2) NO	0	F DEATH?
2										_			1	TYES 2 NO
SICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL					26. PL	ACE OF DE	EATH (Che	ick only o	nne)			
SIC	1 TES 2 NO		HOSPITAL:	ER/Outpetlant 3	□ DOA	OTHER		5 KRa						
PHY	27. MANNER OF DEATH		28a. DATE OF (Month, D		28b. TIMI	OF	28c. INJI				SCRIBE HOW	INJURY OC	CURED	
8	2 Accident	Pending Investigation				M	1 🗌 Y	ES 2	NO					
ED		Could not be detarmined	28s. PLACE O building,	F INJURY — At horate. (Specify)	ne, farm, s	treat, facto	ry, office			28f. LO	CATION (Street or Town, State	and Number	or Rural Rou	te Number,
1	29a. CERTIFIER	And the same												
COMPLET	(Check only one) 2 MEDI	CAL EXAMINE	CIAN: To the best of	my knowledge, des	th occurre	d at the tir	ne, data	and place,	and due t	to the ca	use(a) and ma	nner na atal	ed.	
	29b. SIGNATURE AND TITLE			Cartanación andros p	waangano	i, in my op	inion, de				a and placa, a	nd dua to th	e cause(a) a	nd manner as stated.
BE	llena	1	Skanin	LIO				29c. LICE				29d. DAT	-1-1-	onth, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITEM	1 27) (Type.	Print)		レス	533(0			9 3 9	1
	10,810 CD	NNECT	ICUT A			IN GT	OD	H	0	20	2895			
	31. DATE FILED (Month, Day,)		32 REGISTRA	R'S SIGNATURE		-								
	יו פבה הם יו	U T	Stickanda	LH d ArnAmula (20)	CARC									1

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SALTIMONE, MANICAND 21213-0020	DING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial transit name?	7, Of removal.	a medical examiner must be notified at once.
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	PORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF N	MARYLAND	/ DEPAR	TMENT	OF H	EALTH AND DEATH	MEN	TAL HYGIEN		91	23134
1. DECEDENT'S NAME (First, Middle, Last)							2. D	ATE OF DEATH			3. TIME OF DEATH
	Barry	Hunt P	rice					otember		991	9:15 A M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER		IF UNDER 24 HRS.		TE OF BIRTH		8. BIRTI	HPLACE (State or Foreign
579-52-3539	1 🔀 M 2 🦳 F	52	YRS.	MONTHS	DAYS	HOURS MIN.		q. 15,1			
9e. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY,	TOWN C	R LOCATION OF D			_	INTY OF E	
Suburban Hospital					Beth	nesda			Moi	ntgor	nery
RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY			10c CIT	Y, TOWN O	B LOCAT	TON	-				
Maryland	Montgo	maru	100.011	1, 1044 0		hesda					10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	Honego	мету				ZIP CODE			40 00		1 YES 2 X NO
4507 Sangamore Ro	4507 Sangamore Road, #301				1.0	20816					WHAT COUNTRY?
11. MARITAL STATUS	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED			13. V	MAS DEC	ENDENT OF HISPA	NIC OR	GIN2 (Specify Ver			States
1XXNever Merried 2 Married	FORCES? 1		MO	- 11	yee, spe	2 NO Speci	en, Puer	to Rican, atc.)	01 140-		E — American Indian, k, White, etc.
3 Widowed 4 Divorced				_ '	_ 123	z (X no speci	ıy.			Spec Wh:	
15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	180.	DECEDENT'S	USUAL OC	CUPATIO	N st of wadday		16b. KIND OF BU	SINESS/IN		
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us								
12	1		Cle	rk				Statist	ical	Rese	earch Firm
17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	AME (Fir	st, Middle, Maiden	Surname)		
William F. P	rice			_				ond Hun	_		
19e. INFORMANT'S NAME (Type/Print)						nd Number or Rural					
John C. Hunt						Way, Be			rylar	nd 2	20816
20e. METHOD OF DISPOSITION 1 Burlel XX Cremetion 3 Remo	val from State	20b. PLAC	CE AND DATE O	of DISPOSIT	TION /Na	"Septemb	er 9	ATE 20c. LO			
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE		Monte	goméry	Cre		rium, I					
The of Powerice Do	1/			22. N	MA /E	D ADDRESS OF FA Sethesda	-Ch	Robert	A. Pu	mphi	rey Funeral
(Michele)	4. Syl	To M	00348								314-3501
23. PART f. Enter the diseases, or co	mplications that	caused tha	dasth. Do n	ot antar t	tha mod	de of dying, suc	h ss c	ardisc or reapi	retory sr	rast.	Approximate
shock, or heart failure. L	ist only ona cau	se on sach li	na.								interval Batween Onset and Death
disease or condition resulting in death)	Ae	ule	Bron	neh	0-12	nellen	end	in - 81	CATO	Stor (
	DUE TO	OR AS A CONS	SEQUENCE OF):			_	115		,	0 2007 7
Sequentially list conditions,	Mal	your	20 7	you	ph	song -	De	flens	L	eng	of 4 month
If any, leading to immediate	DUE TO	OR AS A CONS	SEQUENCE OF	7-1	-			77		-6	
CAUSE (Disease or Injury			ee	1	7	I ypl will EXTENTIVE					1100
CAUSE (Disease or injury C.											
that initiated eventa resulting in dasth) LAST	Am .	14.00			11.	-e . di	-0.4	- elle		10	Re.
that initiated eventa resulting in dasth) LAST	RETRO	POACT	COETA	LL HEP	40	S ARR	n	nethy	an	da	Bu
that initiated eventa	RETRO	POACT	COETA	LL HEP	AT	S ARR	a. Port i.	240. WAS AN	AUTOPSY	d a	ABEL
that initiated eventa resulting in dasth) LAST	RETRO	POACT	COETA	LL HEP	AT	S ARR	A. Port i.	PERFOR	MED?	d a)	AVAILABLE PRIOR TO
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that initiated eventa resulting in dasth) LAST	RETRO	POACT	COETA	LL HEP	AT	S ARR	A. Part i.	PERFOR	MED?	d a)	AMAILABLE PRIOR TO COMPLETION OF CAUSE
PART II. Other significant conditions	RETRO	POACT	COETA	LL HEP	farlying	cause givan in	_	1 XYES 2	MED?	d a 1	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	RETRO Contributing to	PM(T) Pdaath but no	OPTA t resulting in	other:	larlying 26. PL	cause givan in	eck only	PERFOR 1 YES 2	MED?	24b.	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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aw requires th	s been signed	3 shows a
The law requires th	tte has been signed ate Dent, of Health	em 23 shows a
SIAN: The law requires the	irtificate has been signed he State Dect. of Health	or item 23 shows a
HYSICIAN: The law requires th	his certificate has been signed with the State Dent, of Health	ked, or item 23 shows a
ING PHYSICIAN: The law requires th	offer this certificate has been signed eath with the State Dent, of Health	marked, or item 23 shows a
TENDING PHYSICIAN: The law requires the	OR: After this certificate has been signed they death with the State Dent, of Health	8 is marked, or item 23 shows a
OR ATTENDING PHYSICIAN: The law requires th	MRECTOR: After this certificate has been signed burs after death with the State Dent. of Health	em 28 is marked, or item 23 shows a
TAL OR ATTENDING PHYSICIAN: The law requires the	3AL DIRECTOR: After this certificate has been signed 72 hours after death with the State Death of Health	If item 28 is marked, or item 23 shows a
HOSPITAL OR ATTENDING PHYSICIAN: The law requires the	UNERAL DIRECTOR: After this certificate has been signed within 72 hours after death with the State Dent. of Health	ANT: If item 28 is marked, or item 23 shows a
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-ricurs after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Detr. of Health and Mental Horlene orlor to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Li		PHILLIPS		2. DATE OF DEATH MONTH 3AY	SEAR 11145AM			
)	4. SOCIAL SECURITY NUMBER 215-22-9351 9a. FACILITY NAME (If not institution, g	1□M2 X 73	YRS. MON	NDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN. CITY, TOWN OR LOCATION OF E	7. DATE OF BIRTH (Month, Dey, Year) JULY 27. 1918 WASHINGTON D.C. DEATH 9c. COUNTY OF DEATH				
OT.	LEJAND RESIDENCE OF DECEDENT		HOSO	RIVERDALE	PRINCE GEORGE'S				
DIRECTOR		INCE GEORGE'S		WN OR LOCATION HYATTSVILLE	10d. INSIDE CITY LIMITS? 1 YES 2 NO				
RAL	10e. STREET AND NUMBER			10f. ZIP CODE	10g. CITIZEN OF WHAT COUNTRY?				
BY FUNERAL	6800 25TH AVENU: 11. MARITAL STATUS 1 X Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 V NO	13. WAS DECENDENT OF HISPA if yes, specify Cuben, Mexic 1 YES 2 NO Spec	IISPANIC ORIGIN? (Specify Yes or No— 14. RACE — American Indien, fexican, Puerto Rican, etc.)				
COMPLETED	15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12) 12	EDUCATION rade completed) College (1-4 or 5+)	16a. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti	fone during most of working red.)	16b, KIND OF BUSINE	SS/INDUSTRY			
8	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	AME (First, Middle, Maiden Surr	name)			
BE	HOWARD F. 19e. INFORMANT'S NAME (Type/Print)	PHILLIPS		MA					
2	MARY JANE ROTA	(NIECE)		RESS (Street and Number or Rura ANTFORD AVENUE		ING MARYLAND 20904			
	26a, METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 F 4 Donetion 5 Other (Specify)	Removal from State	PLACE OF DISPOSITIO other place)	N (Name of cometery, crematory or N CREMATORY	20c. LOCATI	ION — City or Town, State NDRIA VIRGINIA			
	21. SIGNATURE OF FUNERAL SERVICE		//	22. NAME AND ADDRESS OF F	ACILITY LLINS FUNERAL				
CERTIFICATION	23. PART I. Enter the diseases, shock, or heart fellu iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO TOR AS A	consequence of:	nter the mode of dying, su	ch as cardisc or respirator	Approximate Interval Between Onset end Death			
	PART II. Other significent condi	dtions contributing to death b	ut not resulting in th	e underfulna ceuse alven i	n Part I. 24a, WAS AN AUT	TOPSY 24b, WERE AUTOPSY FINDINGS			
PHYSICIAN: MEDICAL					PERFORMER 1 YES 2	D? AVAILABLE PRIOR TO			
CA	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C					
BY PHYS	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigati		26b. TIME OF	Nursing Home 5 Residence 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJU				
	3 Suicide 6 Could not 4 Homicide determine	building, etc. (Spec	— At home, farm, street	, factory, office	28f. LOCATION (Street and i City or Town, State)	Number or Rural Route Number,			
COMPLETED	Crieck drifty	HYSICIAN: To the best of my know MINER On the basic of examplation		the time, date and place, and do my opinion, death occured at th		as stated, ue to the cause(e) and manner as stated.			
BE	296. SIGNATURE AND TITLE OF CERT	IFJØR .	La	D 3476		od. DATE SIGNED (Morath, Day, 1647)			
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin			111111			
	ABDULLAH RIAR. 31. DATE FILED (Month), Day, Year) SFP 0 4 91	32. REGISTRAR'S SIGN	UREL PARK ATURE	DR. #100 LAUR	REL. MARYLAND	20707			
	JLF 0 + 31	Como waya	morningen						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending humanian	-3
DR: After	2 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	O SKINGING
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. RELEASED BY ME	ZE

BALTIMORE, MARYLAND 21215-0020

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF H	HEALTH AND N	MENTAL HYGIEN		91 23736	
)	1. DECEDENT'S NAME (First, Middle, Las	- 0	NTON			2. DATE OF DEATH MONTH D.		S. TIME OF DEATH	
- 12	4. SOCIAL SECURITY NUMBER 578-32-8313	1 □ M 2 💢 F	(In yrs. last birthday) 2 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Jan. 20,	1899	B. BIRTHPLACE (State or Foreign Country) Virginia	
OR	90. FACILITY NAME (If not institution, given Suburban Hospit				CITY, TOWN OR LOCATION OF DEATH Bethesda Montgomery				
DIRECTOR	RESIDENCE OF DECEDENT 10 STATE 10b. COUR			Y, TOWN OR LOCAT	TION			10d. INSIDE CITY	
	Maryland Mont 100. STREET AND NUMBER	gomery	Be	thesda 101	. ZIP CODE	e P	10g. CITIZI	1 YES 2 X NO	
FUNERAL	7104 Amy Lane 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED				20817	C ORIGIN? (Specify Yes	U.S.	A . A. RACE — American Indian.	
BY	1 Never Merried 2 Merried 3 Wildowed 4 Divorced FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES				ecify Cuban, Mexican, 2 NO Specify:	, Puerto Rican, etc.)		Bleck, White, atc. Specify: White	
COMPLETED	15. DECEDENT'S Et (Specify only highest gra Elementary/Secondary (0-12)	OUCATION ide completed) College (1-4 or 5+)	18a, DECEDENT'S (Give kind of a life. Do NOT us	USUAL OCCUPATION work done during mose retired.)	ON st of working	16b. KIND OF BUS	SINESS/INDU		
OMPL	12 17. FATHER'S NAME (First, Middle, Last)		Home 1	Maker			wn Ho	me	
BE C	Paul S. Evans				Agatha				
10	19a. INFORMANT'S NAME (Type/Print) Mary Ellen Redfe	rn				oute Number, City or Tow a. Marvlar			
	Mary Ellen Redfern 7104 Amy Lane Bethesda, Maryland 20817 20g, METHOD OF DISPOSITION 1 W Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Cartery of the place) Carter Of Heaven Cemetery 9/4/91 Silver Spring, MD						by or Town State		
	21. SIGNATURE OF FUNERAL SERVICE	JCENSEE)	M0089	22. NAME AN	ID ADDRESS OF FACE	De Vol	Fune	ral Home burg, MD 20877	
CERTIFICATION	23. PART I. Enter the diseases, Dishock, for heart failure in the property of	B. OUE TO (OR AS A DUE TO (OR AS A	d the death. Do nach line. CONSEQUENCE OF	thy	de of dying, such		ratory arres	Approximats interval Batween Onset and Death	
PHYSICIAN: MEDICAL C	PART II. Other significant condition	na contributing to death b	ut not reaulting i	n the underlying	cauae given in Pi	PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (Check				
	27. MANNER OF DEATH 1 X Natural 5 Pending	1 Cinpetiant 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	E OF 28c, INJU	F 5 Residence 6 URY AT RK? ES 2 NO	Other (Specify)	JURY OCCUI	RED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28 DI ACE OF INLESS	— At home, farm, s			281. LOCATION (Street as City or Town, State)	nd Number or	Rural Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICAL EXAMINATION 1	SICIAN: To the best of my knowl	edge, death occurre	d at the time, data	and place, and due to	the cause(e) and men	ner ee stated.		
BE	29b SIGNATURE AND TITLE OF CERTIFIE	er 'hoh, n	_D		29c. LICENSE NUMBI			IGNED (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON W	7/17/1	ATH (ITEM 27) (Type,	Print) Az JA	OK DO	56,	40.5	7.(1.0	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE	. 101/		3 1	m D	20712	

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of No.

	to day	- 1
	as been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, have a Hastria and Mental Horiene bring to burial comparison or semanal.	-
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law requires that the death certificate be executed within 2 cours after death. Page 6 may be retained by the hospital or attending physician.	as been signed by the attending physician and completely filled in by the form of Health and Mental Hydrene Brior to hunal premarion or semmal	23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
quires	Nes Hea	OWS
W rec	beel	3 84
cb	23 9	P CV

FOR STATE REGISTRAR 25757 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Vena R telletier 10:00 PM Irene R. Pelletier 9 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 6. AGE (In vrs. lest birthdev) 7. DATE OF BIRTH 019-14-9277 1 M 2 AF Feb. 23, 1912 Massachusetts 9a. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Silver Spring Mantsomery DIRECTOR Holy Cross Hospital RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Marvland Montgomery Kensington 1) YES 2 NO FUNERAL 10e. STREET AND NUMBER 10t. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 10231 Carroll Place 20895 United States 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No—If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY 3 X Widowed 4 Divorced White COMPLETED 15. DECEOENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5+) Receptionist Real Estate 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Joseph Cowett Rosalie Marquis 19a. tNFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zlo Code) Arnold Pelletier 39 Lynnway, #6, Lynn, MA 01902 20a. METHOD OF DISPOSITION
1 ☐ Burial 2 Å Cremation 3 ☐ Ramoval from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town, State Suburban Crematory 4 Donation 5 Other (Specify) Silver Spring, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Rapp Funeral Services, P. A. leen 933 Gist Avenue, Silver Spring, MD 20910 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Interval Batwean Onset and Death IMMEDIATE CAUSE (Final pulsorory Serease 3 cole disease or condition _____ DUE TO (OR AS A CONSEQUENCE OF): vestelalos CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO expected peptil when 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? certificate has 28. PLACE OF DEATH (Check only one) OTHER: 1 TYES 2 140 atlent 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 26e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 26c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED with t marked, AL OR ATTENDO...
AAL DIRECTOR: After this in 72 hours after death with the second seco 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL I 2 MEDICAL EXAMINER: On the basis of examinstion and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITA
TO THE FUNERA
Be filed within 72

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

3720

32. REGISTRAR'S SIGNATURE Luis, Davidson Randole

FARRAGUT ALE

29c. LICENSE NUMBER

KENSINGTON,

BE 2

BARRY N. ROSENBACKI

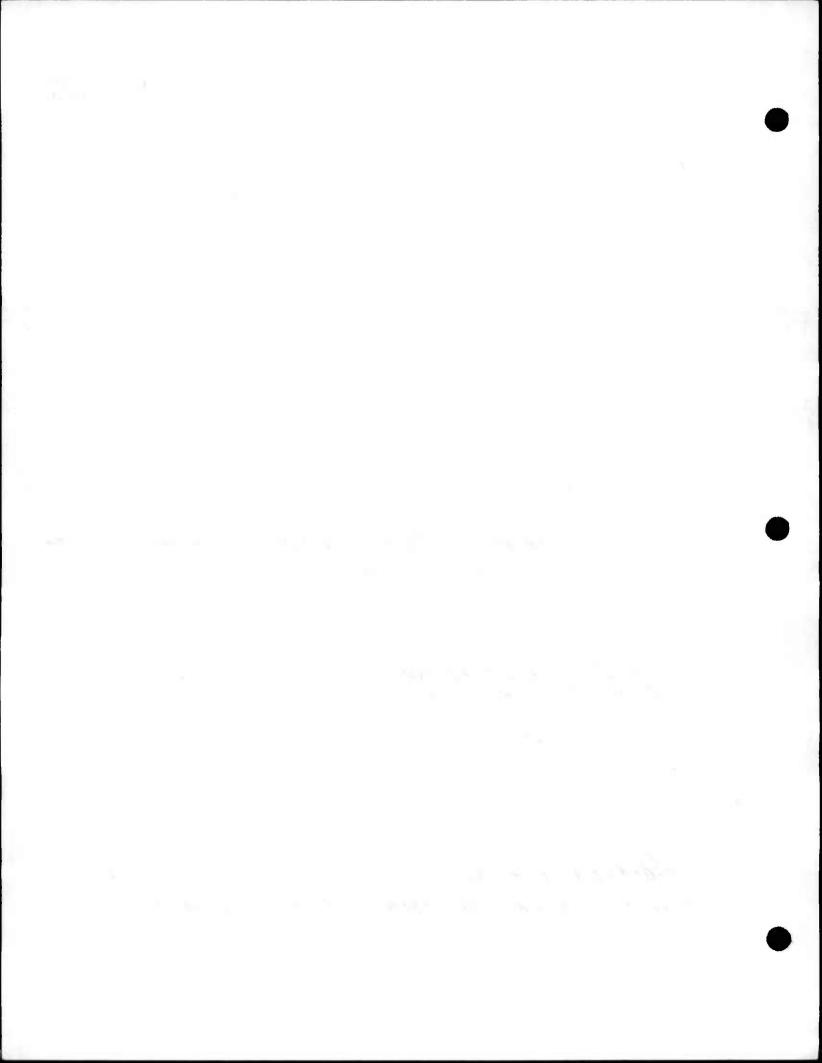
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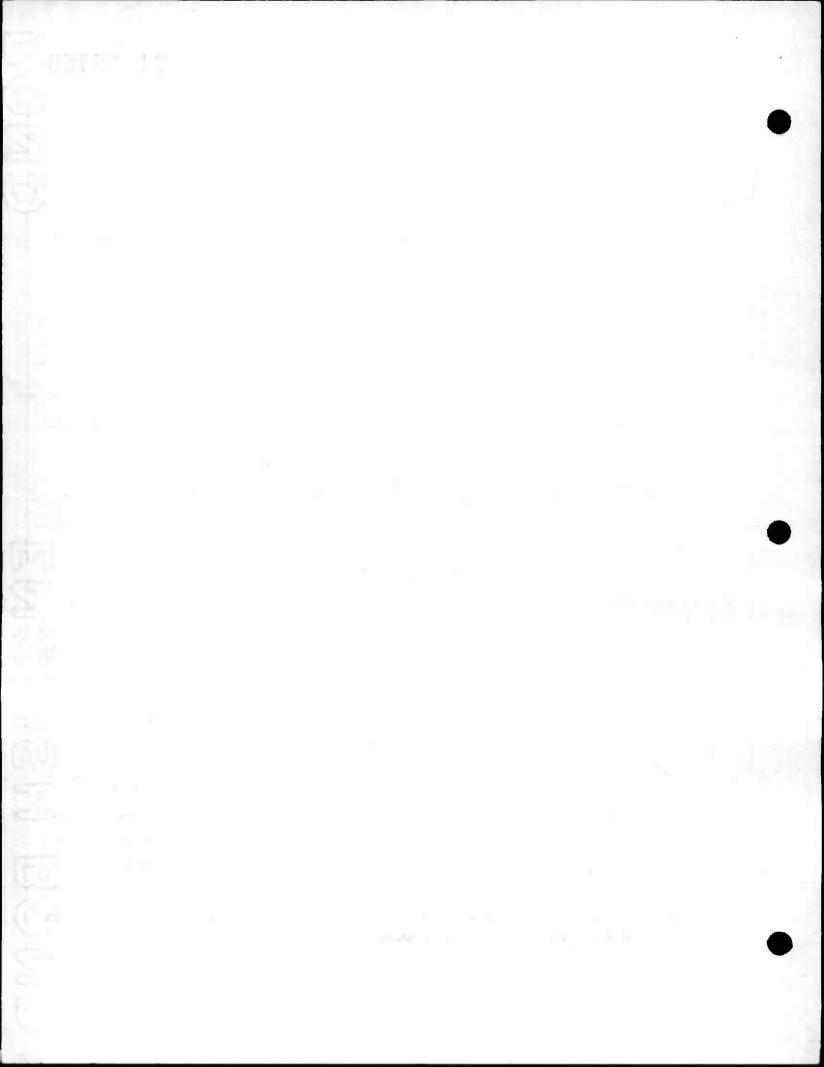
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ATTENDING PHYSICIAN:

29d, DATE SIGNED (Month, Day, Year)



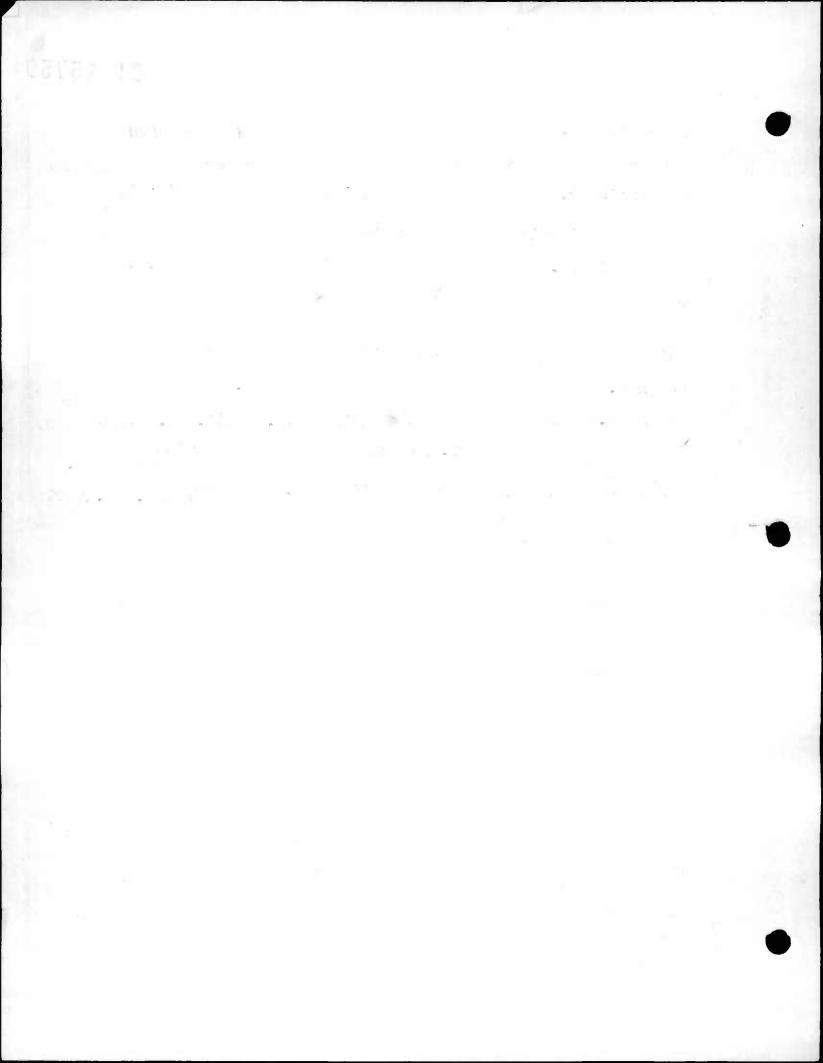
	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		RTMENT OF I		MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Lest)					2. OATE OF DEATH		3. TIME OF DEATH			
1	SALLIE VIRGIN	IIA PARROTT				9 6	97 YE	8:00 PM			
	4. SOCIAL SECURITY NUMBER		yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6. E	DIRTHPLACE (State or Foreign			
	217-36-2086	1 □ M 2 X F 100) YRS.	MONTHS DAYS	HOURS MIN.			aryland			
) [9e. FACILITY NAME (If not institution, give s	treet and number)			OR LOCATION OF DI	ATH	9c. COUNTY	OF OEATH			
	William Hill	Manor		East	on		Tal	bot			
۱	RESIDENCE OF DECEDENT	,	44. 00	Y, TOWN OR LOCA	7:00		_	Tara ware any			
					IION			10d. INSIDE CITY LIMITS?			
	Maryland Tal	.bot	E	aston	of, ZIP CODE		Tan- OFFITEN	1 X YES 2 ☐ NO OF WHAT COUNTRY?			
	309 Salmons A	venue			21601		USA	or what country			
	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED			NIC ORIGIN? (Specify Ve	e or No- 14,	RACE — American Indian, Black, White, alc.			
	1XXvever Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	ES X		S 2 TNO Specif	in, Puerto Rican, etc.) y:		Specify:			
								White			
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Give kind of	work done during m	ION lost of working	16b. KIND OF BU	JSINESS/INDUST	RY			
ı	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT u								
ı	11]1	ab As	sistant		Dept.		alth			
ŀ	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malder	,				
ľ	Willialm Nich 19e. INFORMANT'S NAME (Type/Print)	olas Parrot			Saral	Chambes Route Number, City or To	rs				
J		1 D D-									
	Pauline E. Ma					on St., I					
۱	20a. METHOD OF DISPOSITION tX Aurial 2 Cremation 3 Rem	oval from State 20b.	metary, cremator	E OF DISPOSITION y or other place)			OCATION — City				
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIF	I ST	pring	Hill Ce	metery	9-9 Ea	aston,	Md.			
	Newnam Funeral Home										
	JOHN R. MERCERON 200 S. Harrison St., Easton, Md.										
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease Dr condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): Carabral autures levels in the cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. Due to (OR AS A CONSEQUENCE OF):										
	Sequantially list conditions, if any, leading to immediate	b. Cered DUE TO (OR AS A	CONSEQUENCE C	arter	ioses	lerosis.		1 8			
1	cause. Entar UNDERLYING CAUSE (Disease or injury	c						4			
מבעווע ומשווסא	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE (OF):				\$			
	leading in death, CAST	d						2			
	PART ii. Other aignificant condition	na contributing to death bu	t not resulting	in the undarlyle	ng cause given in		N AUTOPSY	24b. WERE AUTOPSY FINDINGS			
5	000	Roimer's	Lien	60.		PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
	8					1 458	- Lynu	OF DEATH?			
						_					
PHTSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL			26. 1	PLACE OF DEATH (C	heck only one)					
1	EXAMINER?	HOSPITAL: 1 inpetient 2 ER/Outpe	tlant 3 🗆 DOA	ОТНБА:		. , ,		100			
-	27. MANNER OF DEATH	28e. DATE OF INJURY			JURY AT	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	FD			
- 4	1 Natural 5 Pending	(Month, Day, Year)	28b. TH		YES 2 NO	200. DESCRIBE NOW	moon occon				
5	2 Accident Investigation	28e. PLACE OF INJURY	— Al home form			28f. LOCATION (Stree	t and Number or I	Rural Bouta Number			
	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Special	<i>(y)</i>	on only that only		City or Town, Stat	(a)	war route tearnos,			
	290. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my knowle	doe deeth co	med at the time of	to and place and d	a to the several and	anne er etet. 4				
COMPLEIED	and only	ER: On the basis of examination						sussis) and manner as stated			
3			- Arrenigat	on my opinion,							
3	296. SIGNATURE AND TITLE OF CERTIFIE		T 14		29c. LICENSE NU	MBER		GNED (Month, Day, Year)			
2		Trever,			D10938		20	1991, P. ty			
-	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Typ	e, Print)							
		ver, M.D.,	Rt.3 I	30x 297	. East	n MD 2	21601				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE Dands	00_							
	SEP 09 199	Juste water the	Market Market								



BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within . Surs after death. Page 6 may be retained by the hospital or attending physician,	(
rtifica	Showlid
IMPORTANT; If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	i pi

	1 - STATE REGISTRAR						DEAT		MENTAL HYGIE REG. N			
	1. OECEDENT'S NAME (First, Middle, Josephine	J. Quarl	es						2. DATE OF DEATH	DAY.	1991	3. TIME OF DEATH
4	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest b	irthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTH	1PLACE (State or Foreign
	219-07-7457	1 🗆 M 2 💢 F	67	YRS.	MONTHS	DAYS	HOURS	MIN.	9- 23-1	923	Count	Maryland
3	9e. FACILITY NAME (If not institution,	give street end number)			9b. CITY	, TOWN (OR LOCATION	ON OF DE			UNTY OF E	
DIMECION	210 Morris S	t			Fruitland						comi	co
2	RESIDENCE OF DECEDEN				CITY, TOWN OR LOCATION							
<u></u>		icomico			ruitland							10d. INSIDE CITY LIMITS?
	Maryland W:	reomreo		P.	Lu L		. ZIP CODI			100		1 YES 2 NO
	210 Morris	Stra					1826				U.S.	WHAT COUNTRY?
DI LONEUAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12 WAS DECEDEN	T EVER IN U.S. ARME YES 2 NO WAR OR DATES	D	13.	WAS DEC	ENDENT Cocity Cube	F HISPAN n, Mexical Specify	IC ORIGIN? (Specify) n, Puerto Ricen, etc.)	es or No-	Blac	E — American Indian, k, White, etc.
	15. OECEOENT'S	EDUCATION	16e DECE	DENT'S	USUAL O	CCUPATION)M		16b, KIND OF B	Heinese/I	1	
	(Specify only highest Elementary/Secondary (0-12)	grade completed) College (1-4 or 5 -	(GIVe	kind of o NOT u	work done ise retired.)	during mo	st of worldr	g	IOU. KIND OF B	OSINESS/I	MDOSTRI	
	12	College (1-4 or 5 -	-)		stic				Non	e		
	17. FATHER'S NAME (First, Middle, Las	1)					18. MOTI	HER'S NA	ME (First, Middle, Meide	n Surname)	
	Hoopen J. Jon	nes					Ama	anda	E. Rob	ins	on	
	19e. INFORMANT'S NAME (Type/Print)		19b. I	MAILIN	O ADDRES	S (Street	nd Number	or Rural F	Route Number, City or R	wn, State,	Zip Code)	
	Sandra L. E	dmonds	12	23	She	rid	an A	lve.	Balti.	Md.	21:	239)
	20e METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3	Removal Imm State	20b. PLACE OF	DISPO	SITION (N	eme of cer	netery, cren	natory or	20c. I	OCATION .	- City or To	own, State
	4 Donetion S D Other (Specify)		Mt. C	al	vary	7,			Fr		land	
	21. SIGNATURE OF FUNERAL SERVI				22.	NAME A	O AOORE	SS OF FAC	CILITY	82'	1 We	st Rd.
	Horden	R. Sta	vait		CI	int	on	F . S	Stewart-			Md . 21801
VEHILL INTERIOR	disease or condition resulting in death) a. — metastic Cancernation — Pring unknown DUE TO (OR AS A CONSEQUENCE OF): Photology of the conditiona, our to conditiona, our to conditiona, our to conditiona, our to conditiona, our to conditiona, our to conditiona, our to conditiona, our to conditional cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):											
	PART II. Other algnificant con-	d	death had not as	- tal-	In Ab	- 4 - 4 - 1 -						
		to Millil					g cause (given in	Part I. 24a. WAS / PERF 1 TYES	ORMED?	Y 241	b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	25. WAS CASE REFERRED TO MEDIC EXAMINER?						ACE OF D	EATH (Ch	ock only one)			
	1 TES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHE	A: rsing Hon	10 5 R	eldence	6 ☐ Other (Specify)			
	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investiga		Pay, Year)		JURY M	1 🗆	URY AT ORK? YES 2	NO	28d. DEŞCRIBE HOV	V INJURY (OCCURED	
1	3 Suicide S Could no 4 Homicide detarmin	T De building,	OF INJURY — At home atc. (Specify)	a, farm,	street, fac	tory, offic	•		28f. LOCATION (Stree City or Town, Sta	et end Num te)	ber or Rural	Route Number,
	one) —	PHYSICIAN: To the best of a										e) end manner ee stated.
	29b. SIGNATURE AND TITLE OF CER	7h 2.	Si	dr	1.6,5	۸.	29c. LICI	5/	P Z	29d. D	PJ	(Month, Day, Yeer)
	30. NAME AND ADDRESS OF PERSON BOARDS J. 31. DATE FILED (Morgh, Day, Year)	813-B	SE OF DEATH (ITEM	en (Typ	e, Print)	sho	re	Dr	. Š	uls	bun	md
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I. OECEDENT'S NAME (First, Middle, Last,)				DEATH		REG. NO	10	3	. TIME OF DEATH	
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I, SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birti	hday) IF U	NDER 1 YEAR	IF UNDER 24 HRS.	7. OATE	OF BIRTH		8. BIRTHPL	ACE (State or Foreign	
212-22-8346	1 🗆 M 2 🖳 F	88 Y	RS. MONT	HS DAYS	HOURS MIN.		th, Day, Year)		Mars	land	
Da. FACILITY NAME (If not institution, give	street and number)	- 00	9b. (CITY, TOWN C	OR LOCATION OF E		57-05	9c. COU	NTY OF DEA		
48 Bonhill Dri	ve		Sa	lisbu	rv			Wic	comic	2.0	
RESIDENCE OF DECEDENT		T		VN OR LOCAT							
IVO. STATE					ION					10d. INSIDE CITY LIMITS?	
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48 Bonhill DRi		FEVER IN U.S. ARMED		12 WH C DCC	2 180 1 ENDENT OF HISPA	NIC OBIO	INIO (Parathy Ma		S. A		
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X Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	- 1	1 U YES	2 NO Spec	ffy:			Specify:	White	
15. DECEDENT'S ED	UCATION			L OCCUPATION		16	bb. KIND OF BUSINESS/INDUSTRY			vnice	
(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5 +	Ma Do	nd of work d NOT use retir	one during mo ed.)	st of working						
12 vrs			Hous	ewife			I	None			
7. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First,					
Walter Lockh	art				Lue11	a Ga	ardnei	c			
9a. INFORMANT'S NAME (Type/Print)		19b. M/	VILING A OO	RESS (Street e	and Number or Rura				Code)		
Dr. Earl L. Ro	ver	4	8 Bo	nhill	Drive	, Sa	alisbu	ıry.	Md.	21801	
19a. METHOD OF DISPOSITION	,	20b. PLACE OF E			metery, cremetory or		-		City or Town		
□ Buriel 2 □ Cremetion 39□-Re		Wood 1	orrn	Comot	0 7 11		B a 1	1 + i m	ore.	Md	
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	Pag	al di	ner
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withinours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detactive filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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Ì	101	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furber filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	E 3
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_	FOR STATE REGISTRAR	STATE OF I	MARYLAND /		TMENT ICATE					REG. NO.	E		
1	1. DECEDENT'S NAME (First, Middle, Last) ETHEL B.	RAGSDALE							2. DATE MONTO Aug	of DEATH ust 20	,199	1 YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 219 48 2581	5. SEX 1	6. AGE (In yrs. les	st birthday) YRS.	IF UNDER 1	YEAR DAYS	HOURS.	MIN.	7. DATE (Month	OF BIFTH h, Day, Year) 26,19	16	Country)	ginia
eo eo	90. FACILITY NAME (If not institution, give s Bon Secours Exter		2		9ь. сіту, Е11		tt C				9c. COU	NTY OF DE.	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland How					3 . 1 .						10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 10425 Apt H Hich	kory Pid	dge de Road		10f. ZIP CODE 10g. CITI 21044							S.A.	
à l	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN	NT EVER IN U.S. AF I YES 2 WAR OR DATES X	NO	H	yes, sp		nn, Mexica	n, Puarto	N? (Specify Yes Rican, atc.)	or No-	14. RACE Black, Specify	American Indian, White, atc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	Sive kind of a Do NOT us	USUAL OCT work done do se retired.)	uring mo		ing	168	b. KIND OF BU	SINESS/IN	DUSTRY			
BE COM	17. FATHER'S NAME (First, Middle, Last) Waldo Bennett						0	ttie	Co	Middle, Malden penhav	er		
2	19a. INFORMANT'S NAME (Typo/Print) Henry M Ragsdale	9								d. Col			21044
	20s. METHOD OF DISPOSITION A Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20s. PLACE OF DISPOSITION (Name of cometery, crematory or other place) George Washington Cemetery Adelphi Mai										ryland		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Harry H Witzke Fu 4112 Old Columbia												
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or hear failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of):									Approximata interval Batweer Onset and Desti			
CERTIFICATION	Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	EQUENCE O	ر ا	h	ent	· Fe	n: h	~			zyvi.		
MEDICAL	PERFORMED? 1 YES 2 NO										WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	(I) ER/Outpatient	2 🗆 2004	ОТНЕЯ	1:	LACE OF						
ВУ РНУ	27. MANNER OF CEATH 1 Neturel 8 Pending 2 Accident Investigation	26b. TIR		28c. IN.	JURY AT ORK? YES 2		1	er (Specify) ESCRIBE HOW	INJURY O	CCURED			
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE building	OF INJURY — At h g, etc. (Specify)	ome, farm,	street, facto	ory, offic	ce		281. LO C/h	CATION (Street y or Town, State	and Numb)	er or Rural R	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investment on my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.												
BE	296, SIGNATURE AND TITLE OF CERTIFIE CHARLES E.	SHEEHAN		S	1	1	29c, LH	2 F	MBER 2 4	6	29d, D/	8/2	py very
임	30. NAME AND ADDRESS OF PARTING THE STRUCKINGS OF DEATH (ITEM 27) (Type, Print) 10298-B BALTO. NATL. PK.												

31. DATE FILED (Mortin, Us), Your)

CITY 32 HEGIS WANTE SIGNATURE

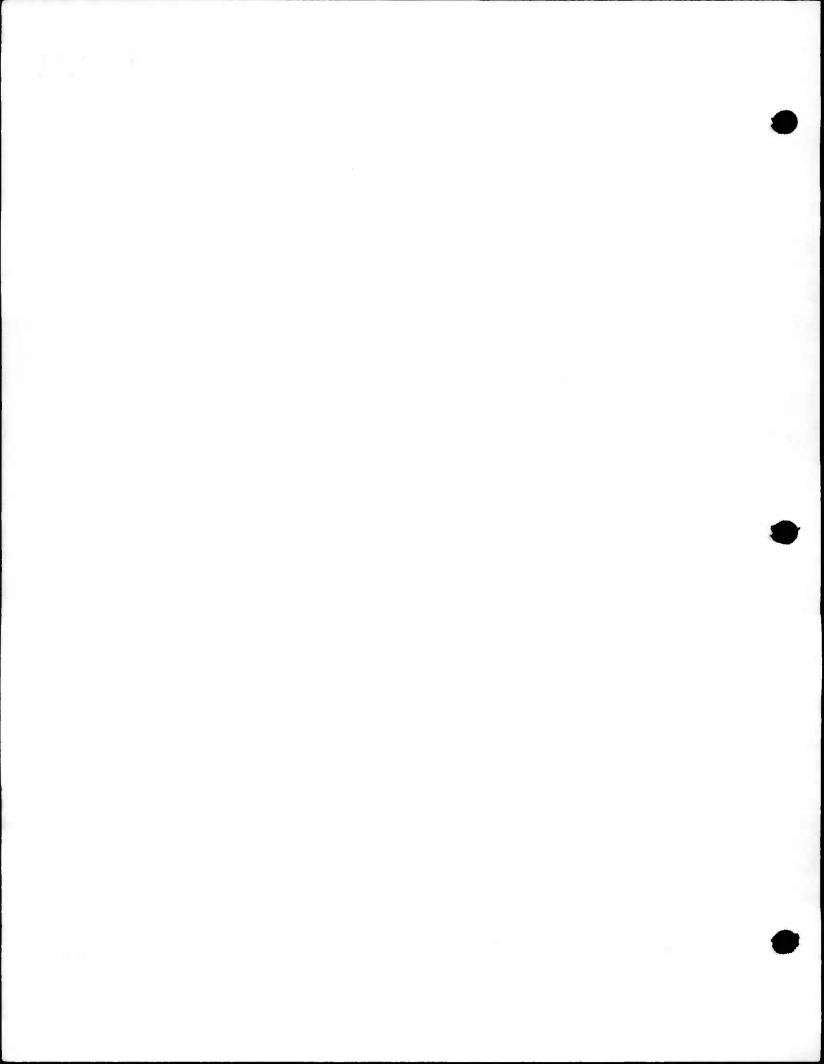
PHYSICIAN: The law requires that the death certificate be executed within 24 Jours after death. Page 6 may be retained by the hospital or attending physician.
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_	REGISTRAR				CAIL	- 01	DEA		N	EG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF D	EATH DAY	,	YEAR	YEAR O OF DEATH	
	James R. Ryinginanyols	NOW Byr	on Ri	char	dsoi	n			09-	0	Q	1001	9:25 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. le		IF UNDER		IF UNDER	24 HRS.	7. DATE OF B	IRTH		8. BIRTH	IPLACE (State or Foreign
	220-12-0811A	1 M 2 - F	0.4	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Dey		. 1	Counti	
			84		96. CITY, TOWN OR LOCATION OF DEATH							ryland	
- 1	9a. FACILITY NAME (If not institution, give str	eet and number)								9c. COO	c. COUNTY OF DEATH		
5	Deer's Head Cente	r P.O. Bo	ox 2018	8 Salisbury Md.					Wi	comi	CO		
3													
- 1	10a. STATE 10b. COUNTY			10c. CIT	10c. CITY, TOWN OR LOCATION						ted. INSICE CITY LIMITS?		
5	Maryland Dore	chester			Cambridge				1 TES 2/			1 TES 27 NO	
<i>i</i>	10e. STREET AND NUMBER					10	f. ZIP CODI	E		T	10g. CIT	IZEN OF V	WHAT COUNTRY?
	5862 Richards	on Road					2	1613	3			US	SA
	11. MARITAL STATUS	12. WAS DECEDENT	EVED IN ITS	DMED	12	WES DE	CENOENT C	VE MICONA	IIC ORIGIN? (Sp	andthi Van	ou Mo	14 BAC	E American Indian
2	1 Never Married 2 Married	FORCES? 1	YES 2						n, Puarto Rican		or No—		E — American Indian, k, White, sic.
-	3 ☑ Widowed 4 ☐ Divorced	IF YES, GIVE W	AR OR DATES 21		- 1 '	1 YES	NO	Specify	<i>f</i> :			Spec	"" White
,	41												
	15, DECEDENT'S EDUC (Specify only highest grade	ECEDENT'S Give kind of a	work done	CCUPATE during me	ON ost of workir	ng	16b. KIN	O OF BUS	INESS/INI	DUSTRY			
ا با	Elementary/Secondary (0-t2) College (1-4 or 5+) Iffe. Do NOT use retired												
ا ۽	11 Years Shipbui								Se	e1f-	Emp	1oye	ed
5	17. FATHER'S NAME (First, Middle, List)						18. MOT	HER'S NA	ME (First, Middle	, Maiden S	Sumame)		
וי	James Monroe	Richard	son					Len	a War	ren	LeC	ompi	te
i	19a. INFORMANT'S NAME (Type/Print)	DE MAII INC	ACCRES	e /Ctmat			Route Number, C				,,		
2	Jane Brighton	n	Ι.						d. Car				d. 21613
1		11							u. cai				
- 1	20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Remo	wal from State	20b. PLAC	E OF DISPOS	SITION (No	ame of ce	emetery, crer	natory or		20c. LOC	CATION —	City or To	own, Stata
	4 Donetion 5 Other (Specify)				on 1	Fam	ilv	Cem	eterv	Cam	bridge, Maryland		
١	21. SIGNATURE OF TUNERAL SERVICE LIC	ENSEE			22.	NAME A	NO ADDRE	SS OF FA	CILITY				
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	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	ner				<u>700</u>	Loc	ust	St. (Camb	rid	ge,	Md. 21613
CALION	shock, or heart failure. If IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	Pneumon	(OR AS A CONS 1 <u>a</u> (OR AS A CONS	EQUENCE O	F):						-		interval Between Onset and Death Few Days Cew Days
	that initiated eventa	DUE TO	(OR AS A CONS	EQUENCE O	F);							i	
5	reaulting in death) LAST	1,											
5	PART II. Other significant condition	a contribution to	alouable ferra in the	manulata -	Im the - :	adact. 1		mban - 1	Don't C	11MC 11	41000000	120	I MARINE ALIENDANIA PRINCIPALIS -
ţ	Cerebrovascul	_		resulting	m1 1110 UI	noariyir	ry cause	Aiseu iu	Fart 1. 241	PERFOR		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
śΙ		ar ACCTO	3116						1	YES 2	NO NO		OF DEATH?
ايّ	Lymphoma												t 🗌 YES 2 🗌 NO
	Conges t ive He	art Fail	Ire										
PH TSICIAIN.	25. WAS CASE REFERRED TO MEDICAL	ui o i ai li	ui C			26. P	LACE OF E	DEATH (Ch	eck only one)				
ا ڌِ	EXAMINER?	HOSPITAL:		- (7	OTHE	R:		A	e = 52 51117				
2	1 TYES 2 NO	1 Inpatient 2						esidence	6 Other (Sp				
5	27. MANNER OF OEATH 1 [X] Natural 5 [1] Pending	28a. DATE OF (Month, D	ay, Year)	28b. TIN	JURY	W	URY AT		28d. DESCRI	RE HOW II	NJURY OC	CURED	
	2 Accident Investigation				М	1 🗆	YES 2	_ NO					
	3 Suicide 6 Could not be	28e. PLACE O building.	F INJURY — At I etc. (Specify)	home, ferm,	street, fec	tory, offi	ce		28f. LOCATIO	N (Street a	nd Numbe	or or Rural	Route Number,
Ū	4 Homicide determined												
COMPLEIED	29s. CERTIFIER 1 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and dus to the cause(s) and manner as stated.												
	(Crieck only /1						-						
5	2 MEDICAL EXAMINE	R: On the basis of e	camination and/o	r investigation	om, in my	opinion,	death occu	red at the	time, data and	piaca, an	d dus to t	the cause	a) and menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	Λ	11.	00			29c. LIC	ENSE NU	MBER		29d. DA	TE SIGNE	D (Month, Day, Year)
7	V.	, <u>9</u>	IM	1			D14	5002				910	71 91
2	30. NAME AND ADDRESS OF PERSON WH		SE OF DEATH OF	27) (7) px	Print		וטונ	003			-	10	4 //
	Dr. InJa Hwang M.	/ //	er's He			S	alish	urv	Md	2180	12		.1
	31. DATE FILED (Month, Day, Year)		P'S SIGNATURE	Rando M	Z			بالساخات		, 100			
,	31. DATE FILED (MONT), Day, May) 32. AGGISTRAR'S SIGNATURE Julia Javidson-Randelle												

Part of the second

	1. DECEDENT'S NAME (First, Middle, &	and Claude I	eonard RI	TTER. /I	DEATH	REG. NO.		2 THE OF DEATH			
-	C	laude		X	itter	Text DAY	199	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 216-22-2032	1 DW 2 DF 6	GE (In yrs. last birthday) 4 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. 7 HOURS MIN. J	DATE OF BIRTH (Month Day, Year) an. 8,1927	C	IRTHPLACE (State or Foreign buntry) irginia			
	9a. FACILITY NAME (If not institution, g Washington Coun	ty Hospital			OR LOCATION OF DEATH		Washi:				
	RESIDENCE OF DECEDENT 10a. STATE 10b. CO		10e. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY			
_		hington	На	gerstown	1			LIMITS?			
	100. STREET AND NUMBER			101	f. ZIP CODE			OF WHAT COUNTRY?			
$\overline{}$	1037 Glenwood A	12. WAS DECEDENT EVE		13. WAS DEC	21740 CENDENT OF HISPANIC	ORIGIN? (Specify Yes or		SA NACE — American Indian,			
	1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES? SE YE IF YES, GIVE WAR OF W.W.II	ES 2 NO DATES	If yes, apecify Cuban, Mexican, Puarto Rican, etc.) 1 □ YES 2 ★ NO Specify: WHITE							
	15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)	EDUCATION grade completed) College (1-4 or 5 +)	(Give kind of v	DEDENT'S USUAL OCCUPATION The kind of work done during most of working The kind of work done during most of working The kind of work done during most of working The kind of Business/Industry							
	12	2	accou	ntant		organ m	ıfg.				
	17. FATHER'S NAME (First, Middle, Last) Claude L. Ritte					(First, Middle, Malden Sui	mame)				
	19a, INFORMANT'S NAME (Type/Print)	1, 51.	19h MAII ING	AODRESS (Street a	HAIIIe	Golladay					
L.	Janet L. Ritter				l Ave., Ha						
	20a. METHOD OF DISPOSITION	Removal from State	Ob. PLACE AND DATE	OF DISPOSITION (Na	ame of	DATE 20c LOCAL	TION — City o				
cometer, cremator, or other place. Cedar Lawn Memorial Park 9/19 Hagerstown, Maryland											
	22 NAME AND ADDRESS OF FACILITY HOME MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740										
SIL	shock, or heert failure. Liet only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Let only one ceuse on each line. Interval Bet Onset and I ONLY COMMENT OF THE ONE										
١.		d									
١.	PART II. Other significent condi	tions contributing to death	HUI PA	n the underlying LIMONI	g ceuse given in Par	t i. 24a. WAS AN AU PERFORME	D?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF OEATH? 1 YES 2 NO			
P	5. WAS CASE REFERRED TO MEDICAL EXAMINER?	() 6) VU(Aicea	I e	g ceuse given in Par	PERFORME 1 TYES 2	D?	AMILABLE PRIOR TO COMPLETION DF CAUSE DF GEATH?			
	5. WAS CASE REFERRED TO MEDICAL	HOSPIFAL: 1 - Hospifal: 288. OATE OF INJUR	utpatient 3 DOA	28. PL OTHER: 4 Nursing Home	ACE OF OEATH (Check of 5 Residence 8	PERFORME 1 VES 2 only one) Other (Specify)	D?	AMPLABLE PRIOR TO COMPLETION OF CAUSE DF GEATH? 1 YES 2 NO			
	5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Netural 5 Pending	HOSPIFAL: 1	utpatient 3 DOA	28. PL OTHER: 4 Nursing Home E OF 28c. INJ	ACE OF OEATH (Check to 5 Residence 8 UNY AT 28	PERFORME 1 YES 2 only one)	D?	AMALABLE PRIOR TO COMPLETION DF CAUSE DF OCATH? 1 YES 2 NO			
P 2:	5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Descript 5 Pending	HOSPIFAL: 1 Integration 2 ER/On 28s. OATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY building, stc. (%)	utpatient 3 DOA Y 28b. Time INJI RY — At home, farm, s	28. PL OTHER: 4 Nursing Home UNY M 1 Y	ACE OF OEATH (Check of 5 Residence 8 URY AT 28 (ES 2 NO	PERFORME 1 VES 2 only one) Other (Specify)	JRY OCCURED	AMALABLE PRIOR TO COMPLETION DF CAUSE DF GEATH? 1 YES 2 NO			
2: 2:	5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Netural 5 Pending Investigative 3 Suicide 8 Could not determined 9a. CERTIFIER (Check only	HOSPIFAL: 1 Interest of INJUR 28a. OATE OF INJUR (Month, Day, Year on 28a. PLACE OF INJUR be d 4VSICIAN: To the best of my known	utpatient 3 DOA Y 28b. Time INJI RY — At home, farm, st oecify) owledgs, death occurre-	28. PL OTHER: 4 Nursing Home E of 28c. INJ URY M 1 Y treet, factory, office d at the filme, data	ACE OF OEATH (Check to 5 Residence 8 URAN AT RKY AT RKY 28 NO 28 28 28 28 28 28 28 2	PERFORME 1 VES 2 Only one) Other (Specify) d. DESCRIBE HOW INJU f. LOCATION (Street and City or Town, State) he cause(s) and menner	JRY OCCURED Number or Rule r as stated.	AMALABLE PRIOR TO COMPLETION DF CAUSE DF OCATH? 1 YES 2 NO			
25 27	5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Netural 5 Pending Investigative 3 Suicide 8 Could not determined 9a. CERTIFIER (Check only	HOSPIFAL: 1 Hospifal: 28a. OATE OF INJUR (Month, Day, Year be d 28a. PLACE OF INJUR (Month, Day, Year (Month, Day, Yea	utpatient 3 DOA Y 28b. Time INJI RY — At home, farm, st oecify) owledgs, death occurre-	28. PL OTHER: 4 Nursing Home E of 28c. INJ URY M 1 Y treet, factory, office d at the filme, data	ACE OF OEATH (Check to 5 Residence 8 URAN AT RKY AT RKY 28 NO 28 28 28 28 28 28 28 2	PERFORME 1 VES 2 Only one) Other (Specify) d. DESCRIBE HOW INJU f. LOCATION (Street and City or Town, State) he cause(s) and menner o, date and place, end di	JRY OCCURED Number or Rule r as stated.	AMALABLE PRIOR TO COMPLETION DF CAUSE DF OEATH? 1 YES 2 NO rel Route Number,			
25 25 25 25 25 25 25 25 25 25 25 25 25 2	5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPJFAL: 1	utpatient 3 DOA Y 28b. Time INJI RY — At home, farm, st oecify) owledgs, death occurre-	28. PL OTHER: 4 Nursing Home E of 28c. INJ URY M 1 Y treet, factory, office d at the filme, data	ACE OF OEATH (Check of 5 Residence 8 URY AT RK7 (ES 2 NO 28 and place, and due to the seth occured at the time	PERFORME 1 VES 2 Only one) Other (Specify) d. DESCRIBE HOW INJU f. LOCATION (Street and City or Town, State) he cause(s) and menner o, date and place, end di	JRY OCCURED Number or Rule r as stated, ue to the cause	AMALABLE PRIOR TO COMPLETION DF CAUSE DF OEATH? 1 YES 2 NO rel Route Number,			
25 25 25	5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPIFAL: 1 Imperiant 2 ER/On 28a. OATE OF INJUR (Month, Day, Year WHO CO LETED CAUSE OF E	utpatient 3 DOA Y 28b. TiMe INJU RY — At home, farm, st pocify) Dovledgs, death occurre- tion and/or investigation	28. PL OTHER: 4 Nursing Home EOF 28c. INJ HY WO 1 1 1 treet, factory, office d at the fime, data n, in my opinion, de	ACE OF OEATH (Check of 5 Residence 8 URY AT RK7 (ES 2 NO 28 and place, and due to the seth occured at the time	PERFORME 1 VES 2 Only one) Other (Specify) d. DESCRIBE HOW INJU f. LOCATION (Street and City or Town, State) he cause(s) and menner o, date and place, end di	JRY OCCURED Number or Rule r as stated, ue to the cause	AMALABLE PRIOR TO COMPLETION DF CAUSE DF GEATH? 1 YES 2 NO rel Route Number,			

		1 - STATE REGISTRAR	STATE OF MARYL	CERTIF		F HEALTH AND N OF DEATH	MENTAL HYGIEN REG. NO					
		1. OECEOENT'S NAME (First, Middle, Last)	Regervanic	E MARIE			2. DATE OF DEATH	0.	3. TIME OF OEATH			
		4. SOCIAL SECURITY NUMBER 5.		In yrs. last birthday) 9 YRS.	IF UNDER 1 YE	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Co	ATHPLACE (State or Foreign ountry) CLYPESTOWN WIVA			
2, 3 should	OR	- Cit ICC	end number) Hume	^-	1	WN OR LOCATION OF DE	ATH	DC. COUNTY C				
	DIRECTOR	100. STATE 100. COUNTY MD Washin	gton		TY, TOWN OR L				10d. INSIDE CITY LIMITS? 1 XYES 2 NO			
physician. burial-transit permit. Pages	FUNERAL	100. STREET AND NUMBER QHI S. Prospect	<u> </u>		V	217YU		109. CITIZEN	OF WHAT COUNTRY?			
	BY FUN		. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	I1 ye	OECENDENT OF HISPAN e, specify Cuban, Maxica YES 2 NO Specify	n, Puarto Rican, atc.)		RACE — American Indian, Bleck, Whita, etc. Specify:			
al or att	COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12)		18a. DECEDENT'S (Give kind of life. Do NOT u	work done durli ise retired.)	PATION ng most of working	16b. KINO OF BUSINESS/INOUSTRY					
at of the	BE COM	17. FATHER'S NAME (First, Middle, Last) MAYNARD JOSE	PH KEPLI	INGER		16. MOTHER'S NA MARY	ME (First, Middle, Maiden JEAN	Sumame) MYERS				
be retained ge 5 should e notliffed	TO .	19a. INFORMANT'S NAME (Type/Print) MARY J. ROYCE				treet and Number or Rural I			•) 1740			
e 6 may rector, pa must b		20a. METHOD OF DISPOSITION 1 K Burlal 2 Cremellon 3 Removal 4 Donation 5 Other (Specify)	I from State	SE HIL	L CEME		2-91 HAG	ERSTOWN	or Town, Stata , WASHINGTON , MC			
0 = 0		21. SIGNATURE OF FUNERAL SERVICE LICENT	7		ANDF	ME AND ADDRESS OF FA REW K. COFF EAST ANTIET	MAN FUNERA		,INC. N.MD. 21740			
ted within a fours after completely filled in by the fal, cremation, or removal event, the medical		23. PART i. Enter the diseases, or comshock, or heart feliure. List iMMEDIATE CAUSE (Final disease or condition resulting in death)			·lu	e mode of dying, suc	h aa cerdisc or resp	fratory errest,	Approximate interval Between Onset and Death			
th certificate be executed ending physician and com I Hygiene prior to burlai.	CERTIFICATION	Sequentially list conditions, if eny, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OP AS A DUE TO (OP AS A	A CONSEQUENCE OF A CONSEQUENCE OF		s tule						
by the or		PART II. Other significent conditions of		out not reaulting	in the unde	riying cause given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE			
	I: MEDICAL	Bleden He	my land	Use			1 🗆 YES	2 (gpHO	DF DEATH? 1 YES 2 NO			
SICIAN: The law recrificate has be the State Dept.	PHYSICIAN:		IOSPITAL:	patient 3 DOA	OTHER:	28. PLACE OF DEATH (Ch						
NG PHYSICIA fter this certificate with the marked, or		27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TI	ME OF 28	Ic. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURE	ED			
CTOR: A after do	ETED BY	3 Suicide 6 Could not be building, stc. (Specify) 298. PLACE OF INJUNY — AT nome, Nerm, street, factory, ornica City or Town, Street and Number of Hural House of City or Town, State)										
TAL OR LAL DIR	COMPLE	290. CERTIFIER 1 CERTIFYING PHYSICIA (Check only one) 2 MEDICAL EXAMINER:	_						use(a) and manner as stated.			
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Tara	L Phi	١.	D 6	MBER 282	29d. DATE SIG	GNED (Month, Day, Year)			
	10	30. NAME AND ADDRESS OF PERSON WHO O	1			HAGERSTOWN	, MD. 2174	40				
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN									



12.7			REGISTRAR		CE	ERTIFIC	CATE OI	F DEATH		REG. NO.				
			1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH		3	. TIME OF DEATH	
	1		Francisco	Juan		Domo			MONTH	DAY		YEAR		
	D		4. SOCIAL SECURITY NUMBER		AGE (In yrs, les	Rome	TO.	IF UNDER 24 HRS.	7. DATE OF	0.7	199		12:03 A*	
18	L F		N/A	1 🕅 M 2 🗆 F	28		ONTHS DAYS	HOURS MIN.	(Month, E	lay, Ybar)	- 1	Country)		
	100	V	9a. FACILITY NAME (If not institution, give							8 19			lvador	
ir:	500	a:					b. CITY, TOWN	OR LOCATION OF	DEATH		9c. COUNT	Y OF DEA	ГН	
616.1	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	стоя	Shady Grove Ad	ventist I	Hospit	al	Rocky	ille			Mon	tgor	nerv	
		E	10a. STATE 10b. COUNT				TOWH OR LOC	ATION						
	2	DIRE	Maryland Mon	tgomery			hersbu						0d. INSIDE CITY LIMITS?	
	rait.		10e. STREET AND NUMBER	-gomery		Gail							YES 2 X NO	
	8 ,	RA		1			,	Of. ZIP CODE			10g. CITIZE	N OF WHA	AT COUNTRY?	
C	trans	FUNERAL	877 Clopper Road					20878			El S	alva	dor	
5-0020	burial-transit permit. Pages	E	1 Never Married 2 Merried	12. WAS DECEDENT EN	VER IN U.S. AR	MED	13. WAS DE	CENDENT OF HISPA	ANIC ORIGIN? (Specify Yee o	r No- 1	RACE	- American Indian, Vhite, atc.	
00	the b	┢	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1 X YE	S 2 NO Spec	illy:	and army		Specify:		
15	25		15. DECEDENT'S EDI	I IOATION	T		-	alvadori					Hispanic	
2121	nse	ETED	(Specify only highest grad	e completed)	16a. DE	VE kind of wor	WAL OCCUPAT k done during n etired.)	ION nost of working	16b. Ki	ND OF BUSIN	ESS/INDUS	TRY		
2 2	D for	اچا	Elementary/Secondary (0-12)	College (1-4 or 5 +)										
Z	detached once.	COMPL	6		Re	siden	tial C	leaner	S	elf En	ploy	ed		
Y E	detach once.	8	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S N	AME (First, Mide	de, Maiden Su	mame)			
7	d be	H	Ismeal Lopez					Vict	oria R	omero				
MARYLAND	5 should notified	10	19e. INFORMANT'S NAME (Type/Print)		196	. MAILING A	DRESS (Street	and Number or Rural	Route Number,	City or Town,	State, Zip Co	ode)		
≥ 2	e 10		Martha L. Romero)	s	ame a	s #10							
E S	page ; bage		20e, METHOD OF DISPOSITION		20b. PLACEA	ND DATE OF	DISPOSITION //	lame of	DATE	20c, LOCA	TION — CI	v or Town.	State	
0 9	must		1 XBurial 2 Cremation 3 XRen 4 Donation 5 Other (Specify)	loval from State	Cemetery, crer	erv or other	E Imtu	cana (9/11/9	1			Salvador	
BALTIMORE, MARYLAND 21215-0020 24 hours after death. Page 6 may be retained by the thospital or attendion observing	by the funeral director, smoval.		21. SIGNATURE OF FUNERAL SERVICING	CENSEE				AND ADDRESS OF F		4 Inco	capa	, Lil	Salvador	
Z de	tuneral di I. examiner		D (2))						e Vol	Fune:	ral H	Home	
8	wal.		M00896 10 E. Deer Park Dr. Gaithersburg, MD 23. PART I. Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximately the disease of the province of the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximately the disease of the province of the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest,											
IS a	d in by th or remove medical		23. PART i. Enter the diseases, or shock, or heart fellure.	List only one cause	oused the dec	eth. Do not	enter the m	ode of dying, su	ch ss csrdled	or reepirs	tory erres	t,	Approximate	
900	filled in on, or re he med		IMMEDIATE CAUSE (Final	-iet only one couse t	on each mie.								Interval Between Onest and Death	
	ompletely filled, cremation, event, the		disease or condition resulting in death)	. ASTHI	MA								- Constitution Double	
60	crem		resulting in death)		AS A CONSEO	UENCE OF):								
C 68760, executed within		2												
9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	ng physician and o giene prior to buri other traumatic	CERTIFICATION	Sequentially liet conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEO	UENCE OF):								
BOX	sicia orior trau	Y.	cause. Enter UNDERLYING										i	
. ≝	ene phy	Ĕ	CAUSE (Disease or Injury thet initisted events	DUE TO (OR	AS A CONSEO	UENCE OF):								
P.O	Hygid	H	resulting in desth) LAST										i	
S, P	the attending phy Mental Hygiene Ijury, or other	빙		d										
		4	PART II. Other significent condition	is contributing to dec	eth but not re	sulting in t	he underlylr	ng csuse given in	Part I. 24	. WAS AN AU		24b. WE	RE AUTOPSY FINDINGS	
CORD res that the	th an	EDICAL								PERFORME			AILABLE PRIOR TO MPLETION OF CAUSE	
444 3	Sign Heal								1	YES 2	NO	OF	DEATH?	
P. requi	she she	≥								,		1 (YES 2 NO	
A A a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a	certificate has been the State Dept. of I, or Item 23 sho	SICIAN:	25. WAS CASE REFERRED TO MEDICAL											
VITAL	cate State	2	EXAMINER?	HOSPITAL:		0	THER:	LACE OF OEATH (C	heck only one)					
CIA <	the S	HYS	1 X YES 2 NO	1 Inpatient 2 XER		DOA 4	☐ Nursing Hor	ne 5 🗌 Residenca	8 Other (S)	pecify)				
OF VITAL RE	ter this ce eath with t marked,	급	1 Natural 5 Pending	(Month, Day, Ye	bar)	28b. TIME O		JURY AT ORK?	28d. DESCRI	BE HOW INJU	JRY OCCUP	REO		
NG P	After 1 death s mar	B	2 Accident Investigation					YES 2 NO						
DIVISION OR ATTENDING P	W 0 W		3 Suicide 8 Could not be	26a. PLACE OF IN. building, atc.	JURY — At hon (Specify)	ne, farm, stre	et, Jactory, offi	ce	281. LOCATIO	N (Street and own, State)	Number or	Rural Route	Number,	
N E	DIRECTOR. hours after item 28 i	ETE	4 Homicide determined						Ony or a	wii, State)				
D 80	DIRE hours	7	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my	knowledge, das	th occurred a	t the time det	and alone and du	to the course					
HOSPITAL	FUNERAL within 72 TANT: 11	COMPL	one) 2 X MEDICAL EXAMINE	R: On the basis of axamis	nation and/or in	vestigation. I	n my opinion	death occured at the	time data and	ly end manne	r ea stated,			
50 N	FUNER within				1			Total Cooling at the	time, data and	piaca, end d	ua to tha c	anse(a) eu	II manner ea stated.	
뿔	TO THE FUNERAL be filed within 72 IMPORTANT: If	H	296. SIGNATURE AND TITLE OF CERTIFIE	Nav I	h	.1		29c. LICENSE NU	MBER	2	9d. OATE S	GNED (Mo	onth, Day, Year)	
2	₽ # ¥	2	vum 1	Court	41 M	M		O.C.M	. E.		09	0.8	1991	
			30. NAME AND ADDRESS OF PERSON WH	P COMPLETED CAUSE O	PEATH (ITEM	27) (Type, Pri	nt)						1331	
	,_				1	11 Pa	nn C+	reet	R o 1 + ± .	nor-	M =	. 1	d_21201	
	12		31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S				,		HOLD.	marj	Lan	0_71701	
_	-	- 1	QED no 1001	Carles Doings	1 Alande	200								

FOR STATE REGISTRAR

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IMPURIANT: If them 28 is marked, or them 23 shows any injury, or other traumatic event, the medica

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1. DECEDENT'S NAME (First	Middle (net)									_	HEG. NO			
	1	MIKE	=	RU	LBI	No					2. D/	ATE OF DEATH	AY _	YEAR 3	S. TIME OF DEATH
	4. SOCIAL SECURITY NUME	BER	5. SEX			t birthday)	IF UNDE	R 1 YEAR	IF LINDE	R 24 HRS.	7 DA	TE OF BIRTH		A RISTRUM	ACE (State or Foreign
)	577-48-15	62	1 M 2 F		91	YRS.	MONTHS	DAYS	HOURS	MIN.		onth, Day, Year)		Country)	
1	9a. EACILITY NAME (If not in	stilution, give :	street and number		2 (-	05 017	y Pount	OR LOCAT		01	-09-19		Ital	3
DIRECTOR	. (10	IEORI	//	PITA	L C	ENT		T, IOWN	0	EVE		V		INTY OF DEA	GEORGE.
5	RESIDENCE OF DEC											/			I L Try L.
E	100. STATE	10b. COUNT	Y			10c. CI	Y, TOWN							≥1	Od. INSIDE CITY
							Was	hing	gton,	DC			X YES 2 NO		
FUNERAL	10e. STREET AND NUMBER							10	H. ZIP COD				10g. CIT	IZEN OF WH	AT COUNTRY?
	1504 Tay1	or St	reet, N.E	G .					200	17				USA	
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN	U.S. AR	MED	13.	WAS DE	CENDENT	OF HISPA	NIC ORI	GIN? (Specify Ye	or No-	14. RACE -	- American Indian,
	1 Never Merried 2		FORCES? 1			Ю		If yes, s	Decity Cub	en, Mexico	en, Puer	to Rican, etc.)		Black, 1	White, atc.
B	3 Widowed 4 Divo	rced							2XXIII	Speci	iy.			Specify:	White
COMPLETED	15. DEC	EDENT'S EDU	CATION		18a. DE	CEDENT'S	USUAL C	CCUPATI	ON		T	16b. KIND OF BU	SINESS/IN	DUSTRY	WILLEC
	Elementary/Secondary (0		College (1-4 or 5 a	-	(Gi	ve kind of Do NOT u	work done se retired.)	during m	ost of worki	ing					
릴	6			'	Ta	ailo	r					Self-e	mp 1 o	ved	
8	17. FATHER'S NAME (First, M	iddle, Last)] 10 MOT	WEDIG NA	1115 (5)	t, Middle, Maiden	-	,	
	Dominick		0										Sumame)		
BE	19a. INFORMANT'S NAME (%		0							se S					
유												umber, City or Tow		Code)	
	Dominick F				Τ(0338	Der	by D	rive	, La	ure	l, Mary	land		
	20a. METHOD OF DISPOSITI		oval from State			ND DATE			ame of		D	ATE 20c. LO	CATION -	Cify or Town	, State
	4 Donation 5 Other					Tin			eter	V	9+1	0-91 B	rent	rood.	MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY														
1	Hines/Rinaldi Funeral HOme														
_	Can	11800 New Hampshire Ave, Silver						ver Sp	oring, MD						
	shock, or he IMMEDIATE CAUSE (Fin disease or condition rasulting in death)	ort reliere.	Liet only one cau	se on ea	//	not	7	all	eu;						Approximate Interval Batween Onset and Daeth
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST														
8		-	0		700	1	/		170					- 01	1
MEDICAL	1 VES 2 (IND)										ERE AUTOPSY PINDINGS MALABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 1 NO				
PHYSICIAN:															
ᅙ	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			_	CONT. AND		ACE OF D	EATH (Ch	eck only	one)			
20	1 YES 2 100		1 inpetient 2 🗆	ER/Outpa	tient 3	□ DOA	4 Nur		e S 🗆 Re	reidence	6 [] Ot	her (Specify)			
Ŧ.	27. MANNEN OF DEATH		26s. DATE OF (Month, Da			26b. TIM		29c. INJ	URY AT			ESCRIBE HOW IF	HUNY OC	CURED	
B		Pending revetigation	(100,000, 200		- 1	840	W W		FER 1	NO					
	a Clause	Could not be	28e. PLACE OF	F INJURY -	- At hon	na, farm, r	street, fact				385.57	CATION (Street a	and Monther	ne file and file of	- Alleria
iii II	green and the second of the second of	letermined	bullding, o	etc. (Specif	VI						C	ly or Youn, State)	urn infrumbet	OF PROPER PROBE	a versionic
Ψ. I -	Ne CERTIFIER				_		_								
COMPLETED	29e. CERTIFIER (Cireck only street) 1 CERTIFYING PHYSIERAN: To the peet of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of assimination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.														
	296. SIGNATURE AND TITLE		4							INSE NUN					overy, Clay, Wear)
8	$\Omega \omega$	- eX	em	. 1					D'S	901		- 1	D 6	7.6.4	2
₽╟	30. NAME AND ADDRESS OF	PERSON WHI	O COMPLETED CAUS	E OF DEA	TH OTEM	27) (See	Print		30	100/			, ,	0. 2	
	Benjamin S.	Pecs	on, 6106	01d	Sil	ver 1	1111	Rd.	, Fo	rest	vil	le, MD.	2074	47	
H	31. DATE FILED (Month, Day, Y	bar)	32. REGISTRAS	S.S. SHOW E	TURE	70.00		_							
		91	SE HACHSTRAS	Davidse	and P	mobile	2								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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DIVISION OF VITAL RECORDS, I	and the second s
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hospital or attent	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene pnor to bunal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
		-	P

	1 - STATE OF MA			ENT OF H NTE OF		MENTAL HYGIEN REG. NO.	E	25/6/	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	ly.	3. TIME OF DEATH	
	Carole Back	Jes Ca	role	L. Ra	cines	9 6	9	2130 m	
	and an	AGE (In yrs. last bin	MONO	NOER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Dgy, Year) /		B. BIRTHPLACE (State or Foreign Country)	
1		49	YRS.		74.5	2/4/4		Pennsylvania	
1	9a. FACILITY NAME (If not institution, give street and number)		9b.	CITY, TOWN O	R LOCATION OF DE		9c. COUNT	TY OF DEATH	
FUNERAL DIRECTOR	Shady Grove Adventist Hosp:	ital		K	OCKVIL	ρ.,	Im	Ont Somery	
E	10a. STATE , 10b. COUNTY	10	Oc. CITY, TU	WN OR LOCAT	ON			10d. INSIDE CITY LIMITS?	
8	Maryland Montgomery		Gait	thersb	urg			1 TES 2 XXNO	
A	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZI	EN OF WHAT COUNTRY?	
E	19604 Labelle Court				208	79	Unit	ed States	
5	11. MARITAL STATUS 12. WAS DECEDENT I FORCES? 1	YES 2 NO)			IC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)	or No- 1	14. RACE — American Indian, Black, White, atc.	
BY	1 Never Married 2 Married IF YES, GIVE WAF			1 TYES	2 NO Specify			Specify: White	
	15. DECEDENT'S EDUCATION	18a, DECED	ENT'S USU/	AL OCCUPATIO	N	18b, KIND OF BU	I SINESS/INDU		
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give k		done during mos		10.00			
P	2	Homer	maker			Own H	lome		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Malden	Surname)		
BE	Thompson Douglass				Marga	ret Willia	amson		
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow			
-	Galo E. Racines					<u>Gaithersbu</u>			
	20e. METHOD OF DISPOSITION 1 ☐ Burlel 2 Å Cremetion 3 ☐ Removel from State	Suburba			etery, cramatory or			Ity or Town, State	
	4 Donation 5 Other (Specify)	er sp	ring, Maryland						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Rapp Funeral Services, P. A.								
-	Then N.	PP					-	ng MD 20910	
	23. PART i. Enter the diseases, or complications that can ahock, or heart fallure. List only one cause		. Do not e	ntar tha mo	da of dying, suci	h es cardiac or reap	Iratory arre	intarval Between	
	IMMEDIATE CAUSE (Final disease or condition		. 0					Oneat and Death	
	reaulting in death)	R AS A CONSEQUE	ANCE OF	٥١			8 mo		
_	502 10 (0	n as a conscore	MOE OF).					i	
DICAL CERTIFICATION	Sequantially list conditions, if eny, leading to immediata	R AS A CONSEQUE	NCE OF):						
8	cause. Enter UNDERLYING CAUSE (Disease or injury								
E	that initiated events resulting in deeth) LAST	R AS A CONSEQUE	DUENCE OF):						
H	d								
1	PART ii. Other eignificant conditions contributing to d	eath but not read	uiting in th	a undarlyin	cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINOINGS	
2						PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ME							X	1 TES 2 NO	
ä									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL HER:	ACE OF DEATH (Ch	eck only one)			
YSI	1 VES 2 NO 1 Inpetient 2 I				e 5 🗆 Rasidence	6 Other (Specify)			
PH	27. MANNER OF DEATH 28s. DATE OF IS (Month, Day 1 Natural 5 Pending		8b. TIME OF INJURY	WO	RK?	28d. DEŞCRIBE HOW	INJURY OCC	URED	
В	2 Accident Investigation	INJURY — Al homa	form eteroi		rES 2 NO	281. LOCATION (Street		on Cord State March as	
B	3 Suicide 6 Could not be 4 Homicide detarmined		, variit, attea	i, inclory, offic	1	City or Town, State		or Hurai Houle Number,	
Suricios 6 Could not be determined building, etc. (Specify) 29a. CERTIFFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of szamination and/or investigation, in my opinion, death occurred at the time, data and place, and dua to the cause(s) and manner as stated.									
MP	(Check only one) 2 MEDICAL EXAMINER: On the basis of axa								
	29b. SIGNATURE AND STILE OF CERTIFIER	1-11	-		29c. LICENSE NUI			SIGNED (Month, Day, Year)	
H	St. signal one and size of centified	L. LLO-	mo	\supset	023	696		ptember 6, 1991	
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 2	7) (Type, Prin	t)	1773	000	. 00	P. 1001	
	Om Idlem others	18111	PIN		arlin	or aller	m	0 20832	
	31. DATE FILEO (Month, Day, Year) 32. REGISTRAR	S SIGNATURE	* * 1,	- 4		1			
	SEP 10 91 Julia Savids	Buchoo							
								DHMH-16 Ray 1/89	

DHMH-16 Ray 1/89

Parina II a H

De filed v	TOP I	UNERAL	within 7.	ANT:
4	20101	TO THE	be filed	IMPORT
	,	9		

	1. DECEDENT'S NAME (First, Middle, Lest) MARGARET C	DITADE				•		20 9	year 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. las		IF UNDER 1 YEAR				BIRTHPLACE (State or Foreig Country)			
1	214-32-6382 9a. FACILITY NAME (If not institution, give	1 M 2 Treet and number)	10	YRS.		N OR LOCATION OF		12-12-14 MT EATH 9c. COUNTY OF				
E E	Dorchester G	eneral Ho	spita	1 1	Camb	ridge	Dor	chester				
DIRECTOR	Maryland Car	roline			danal	Sburg		10d. II				
	10e. STREET AND NUMBER			1 10	1 TYES 2 X NO							
BY FUNERAL	528 Liberty 11. MARITAL STATUS 1 Never Married 2 Married 3 W Widowed 4 Dtvorced	KOOOO 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2√2NO IF YES, GIVE WAR OR DATES			If yes,	DECENDENT OF HISE	ANIC ORIGIN? (Specify Vicen, Puerto Ricen, etc.)	U.S.A. 4. RACE — American Indian, Black, White, atc. Specify: WHITE.				
TO BE COMPLETED E	15. DECEDENT'S ED		16a. OE	a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of a life. Do NOT use retired.)			16b. KIND OF B	USINESS/INDU				
	Elementary/Secondary (0-12) 11th	College (1-4 or 5 +)		Aide	are							
		Chaplain				s NAME (First, Middle, Melden Surname) gie M. Mullikin						
	10a INFORMANT'S NAME (Resultation)											
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) 20c. LOCATION — City or Town, State											
	Thonatton 5 Other (Specify) Hill Crest Cemetery 8/122 Federalsburg, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Multiple 4. Estern PO Bx 43, Federalsburg, MD 21632											
	23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	Respir	on each line atory	fail	ot enter tha	mode of dying, s						
NO	Sequentially let conditions											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST											
MEDICAL CE	DANCE II ON THE REAL PROPERTY OF THE PROPERTY											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			20 OTHER:	B. PLACE OF DEATH	(Check only one)					
BY PHYSI	1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	1 Inputient 2 I El 28a. DATE OF IN. (Month, Day.	URY	28b. TIME	4 Nursing I OF 28c.	Home 5 Residence INJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW	V INJURY OCCU	JREO			
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF It building, atc	IJURY — At he (Specify)	ome, ferm, s	treet, factory, o	office	281. LOCATION (Stree City or Town, Ste	et and Number o	r Rural Route Number,			
COMPLET	29a. CERTIFIER					Service Course	due to the cause(a) and n	PERSONAL PROPERTY.				

MANA AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ABACALA 91 - F. Add PTL ADDRESS

DATE FILED (Month, Day, Year)

32. REGISTRAT'S SIGNATURE

DZ638 Hamilock, mil 228164/

DHMH-16 Rev 1/89

(9)

1.4

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT O	F HEALTH AND OF DEATH	MENTAL HYGIEN		23109				
	1. DECEDENT'S NAME (First, Middle, Last) CEORGE	KENNE	-	DGE	WAY, SR	2. DATE OF DEATH		JEAR 3. TIME OF DEATH				
1	205-24-1522	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YE MONTHS DA	AR IF UNDER 24 HRS. YS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Viser) 8-28-1927		BIRTHPLACE (State or Foreign Country) IASHINGTON, DC				
B G	98. FACILITY NAME (If not institution, give stre	OSPITAL			WN OR LOCATION OF D							
LUNE	MARYLAND ST. 100. COUNTY 100. STREET AND NUMBER	MARY'S		RLOTTI	HALL			10d. INSIDE CITY LIMITS? 1 TYES 2 X NO				
FUNERAL	RT. 2, BOX 155				20622		10g. CITIZEN OF WHAT COUNTRY?					
BY	1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 X YES IF YES, GIVE WAR OR D. WW2	2 NO	IT yes	DECENDENT OF HISPA i, specify Cuban, Maxic YES 2 (A) NO Speci		s or No — 14	Black, White, stc. Specify: WHITE				
LETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	TION Impleted) College (1-4 or 5+)	IIIa. Do NOT us	rork done durin e retired.)	most of working	16b. KIND OF BU						
COMPLET	12TH GRADE 17. FATHER'S NAME (First, Middle, Last)		BUDGET A	NAL YS		US GOVI		INSE DEPART.				
BE	FENTON STANLEY RII	GEWAY	195 MAII INC	ADDRESS (CA		A SOPHIA B						
2	ELLEN L. RIDGEWAY					TE HALL, M						
	20e METHOD OF DISPOSITION 1 N Burlal 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	of from State	PLACEANDDATED	ETERAL	IS CEMETER	Y 9-10 CHE	CATION — CIT	y or Town, State M, MARYLAND				
	21. SIGNATURE OF FUNERAL SERVICE LICEN MICHAEL K. BLAN	ISEE		22. NAM	E AND ADDRESS OF FA	THE HUN	TT FUN	ERAL HOME, INC.				
CERTIFICATION	23. PART i. Enter the diseases, or conshock, or heert fellure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liet conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A COYO M	the deeth, Do n ech line.	as is	node of dying, such	OMA	leatory screen	Interval Batween Onset and Death				
PHYSICIAN: MEDICAL CI	PART II. Other algorificant conditions of the co	sontributing to death be Story 4	out not resulting in	the underl	ying cause given in	Part I. 24s, WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	IOSPITAL:	ntlent 3 DOA	OTHER:	PLACE OF DEATH (Ch							
ву рну	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c.	INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCUR	ED				
COMPLETED	29a. CERTIFIER (Check only one) 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.											
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	aal	-		29c. LICENSE NUM			GNED (Month, Day, Year)				
	A.A. PATEL, MD., TE	LE F				1		10 11				
	31. DATE FILED WELD Poy (Par) 91	32. REGITTANTS CON	-	DL .								

16 0 185

		- REGISTRAR		CE	RTIFIC	CATE C	F DEATH	REG. N			
		1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	DAY	YEAR 3. TIME OF DEATH	
	-	Rita Joan		Rutt					199		
	4)	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lesi		IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)		a. BIRTHPLACE (State or Foreign Country)	
88	M/	154-32-7841	1 M 2 X F	78	YRS.			5-21-1	3	New York	
Mina	ECTOR	9a. FACILITY NAME (If not institution, give s Memorial Hos	pital			Eas	N OR LOCATION OF DE LOII	ATH	Talb	TY OF DEATH	
THE BOAR	2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	Υ		10c CITY	TOWN OR LO	CATION				
permit. Pag	뜸	Maryland Talb	ot	30		ston				tod. INSIDE CITY LIMITS? XX YES 2 NO	
-55	FUNERAL	201 Federal St					21601		USA	EN OF WHAT COUNTRY?	
215-0020 attending physician. se as the bunal-transit	BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 XXVidowed 4 Divorced	12. WAS DECEDENT EN FORCES? 1 I	YES 2 X	MED O	If yes,	DECENDENT OF HISPAN specify Cuban, Maxical (ES 2 NO Specify	n, Puerlo Rican, atc.)	14. RACE — American Indian, Black, White, atc.		
215 attend	G	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DEC	CEDENT'S U	SUAL OCCUP	ATION	16b, KIND OF B	USINESS/INDU		
27 E D	ONGE	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	usew.	retired.)	most of working				
AND the hospit	OM G	17. FATHER'S NAME (First, Middle, Last)		1	aben.		16. MOTHER'S NAI	ME (First, Middle, Maide	n Sumamel		
2 2 2	FG	Joseph James M	lurphy	Link	Manno		Heler	H. O'C	onor		
M retail	TO BE	Robert C. Rutt	er				et and Number or Rural R			NJ 07456	
may be	200	20a. METHOD OF DISPOSITION		20b.PLACE A						NJ U/456	
O 6 5	ISOE .	t Burial 2 XCremation 3 Remo	oval from State	cometery, cren	natory or othe	r nlane)		1		town, DE.	
ALTIMOR death. Page 6 ma funeral director. p	ехэшпес	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	<u> </u>		22 NAME	AND AODRESS OF FACTOR	CLITY J Hom	corde	COWIL, DE.	
BALT after death.	exa	Janua Z	MER	.50-)					ston MD	
within 24 nours mpletely filled in the cremation, or re-	23. PART I. Enter the diseasea, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or reapiratory arrest, shock, or heart failurs. List only one cause on each line. IMMEDIATE CAUSE (Finei disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):										
P.O. BOX 68 th certificate be execu- tending physician and il Hygiene prior to burn	ERTIFICATION	Sequentielly list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	c	AS A CONSEO							
(1) 0 0	5 .	PART ii. Other eignificent condition	e contributing to dec	eth but net re	auiting in	the underly	ing cause given in F	Pert i. 24s. WAS A		24b. WERE AUTOPSY FINDING	
COR ires that signed b	MEDICAL	SEVER MIXE		hue (lo	deietn	te Li	ING UZ,	PERFO	2 NO	AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?	
AL RE has been a bept. of H	A A	25. WAS CASE REFERRED TO MEDICAL								N/A-	
上年 皇皇	SICI	EXAMINER?	HOSPITAL:			THER:	PLACE OF DEATH (Che				
正 % 8 章	기 수	27. MANNER OF DEATH	t Inpatient 2 ER		28b. TIME (Nursing H	ome 5 Rasidence 6	Other (Specify)	AL HIRV COOL	250	
N O N O O O O O O O O O O O O O O O O O	BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Ye	bar)	INJUR	Υ 1	WORK? YES 2 NO	26d. DESCRIBE HOW	THJUNY OCCU	RED	
TTENDI TTOR: A after of	TED	3 Suicide 6 Could not be datermined	28a. PLACE OF IN- building, atc.	JURY — At hom (Specify)	e, ferm, stre	et, lactory, of	fica	261. LOCATION (Street City or Town, State	and Number or	Rural Route Number,	
	LE I	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the beat of my i	knowledge, deat	th occurred	et the time d	the and place, and due to	a the country and a			
E 455 =	: ₹	(Check only one) 2 MEDICAL EXAMINER	R: On the basis of examin	nation and/or in	vestigation,	in my opinion	, death occured at the t	o the cause(a) and ma Ima, data and place, a	nner as stated nd due to the	cause(a) and manner as stated.	
	E C	290. SIGNATORE AND TITLE OF CERTIFIER		r	, ,		29c. LICENSE NUM		29d, DATE 1		
TO THE TO THE be filed	0 8	I pale 1	D Atte	NONE	plysi	CIAN	D352	259	191	3/91	
	-	30 NAME AND ADDRESS OF PEASON WHO	COMPLETED CAUSE OF	MO	27) (Type, Pr)6 L	WICHTHN L	s LANS	EXSI	tow Mo 2160	
5		31. DATE FILED (Month, Day, Year) SEP 0 4	32. REGISTRAR' 9	SIGNATUBE	son p	delle					

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF	HEALTH AND	MENTAL	HYGIENE REG. NO.		20111				
	1. DECEDENT'S NAME (First, Middle, Last					2. DATE O		YEAR	3. TIME OF DEATH				
	Nancy Robins					8	26	91	12:45A				
)	214-40-3583	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE O (Month,	F BIRTH Day, Year)	8. BIRTI Count	HPLACE (State or Foreign ry)				
/	9a. FACILITY NAME (If not institution, give	43	JZ	SP CITY TOWN	OR LOCATION OF I		-28-39		MD.				
DIRECTOR	Memorial Hosp				aston	PEAIN		albo					
E S	10e, STATE 10b. COUN	TY	10c. CITY,	TOWN OR LOCA				COLUMN TO SERVICE	10d. INSIDE CITY				
	MD. Qu	een Anne's	St	tevensv	ille, MD) _			LIMITS?				
FUNERAL	10e. STREET AND NUMBER				of, ZIP CODE		10g. CI1	IZEN OF	WHAT COUNTRY?				
Ř	1107 Old Love				2166			USA					
BY FU	11, MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	Il yes, s	CENDENT OF HISP/ pecify Cuban, Maxic S 2 NO Spec	PANIC ORIGIN? (Specify Yea or No— 14, RAC Blac Blac			E American Indian, k, Whita, etc.				
8	15. DECEDENT'S ED (Specify only highest grad	UCATION	18a. DECEDENT'S U	SUAL OCCUPAT	ION	16b, I	(IND OF BUSINESS/IN	DUSTRY					
H H	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wo	ork done during m retired.)	ost of working								
COMPL	12 Teacher Day Nursery 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surgement)												
8	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)												
BE	Herbert Mills Elinor Turner Mills												
2													
	20a. METHOD OF DISPOSITION	201	PLACEAND DATE OF	DISPOSITION /A	e Point	Rd.,	20c. LOCATION -	le,	Md. 21666				
	1 St Buriel 2 Cremation 3 Res 4 Donation 5 Other (Specify)	moval from State cen	netery, cremetory or other	er place)	motory	1	Ch						
TO BE COM	4 Donation 5 Other (Specify) Stevensy ille Comptony												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Bennie Smith Services P.O. Box 928, Hurlock, Md. 21643												
ERTIFICATION	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, above, or heart fellure. List only one ceuse on each line. Approximate interval Batweet Onset and Deat disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):												
AL CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST d												
ICAL	PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY FIN AMLABLE PRORT COMPLETION OF COMPLETION O												
AN: MED	1 UYES								OF DEATH?				
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (C)	heck only one)							
>	1 VES 2 NO	1 Inpetient 2 - ER/Outp		OTHER:	ne 5 🗆 Rasidence	a 🗆 Other (Specify)						
ВУ РН	1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME (RY WO	URY AT ORK? YES 2 NO	28d. DESC	RIBE HOW INJURY OC	CURED					
8	3 Suicide 8 Could not be 4 Homicide detarmined	28s. PLACE OF INJURY building, etc. (Spec	— At home, term, etro	set, fectory, offic		28f. LOCAT City or	ION (Street and Number Town, State)	or Rural R	oute Number,				
COMPLET	2 MEDICAL EXAMIN	SICIAN: To the best of my knowl ER: On the basis of examination							and manner as stated.				
TO BE COM	29c. LICENSE NUMBER 29d. DATE SIGNED (Moght, Day, Year)												
	KENIN 7, 0	KERFE, M	0, 60		GHHAN IS	LAW	E, Estov	Ho,	2/601				
	31. DATE FILED (Month, Day, Year) AUG 29 199	91 San A Vary	dson-Randell	e									

	1. DECEDENT'S NAME (First, Middle, Last)		OLITI.	TOATE	OF DEATH	2. DATE O	REG. NO.		. TIME OF DEATH		
	FLORENCE I.	YEAR	15:501								
	4 SOCIAL SECURITY NUMBER 216 32 4895		GE (In yrs. lest birthday)	MONTHS	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE 0 (Month, 7/3	F BIRTH Day, Year)	B. BIRTHPI Country)	LACE (State or Foreign		
S S	9a. FACILITY NAME (If not institution, give Str. Agnes Hos				TOWN OR LOCATION OF D	EATH		nty of de	ATH		
DIRECTOR	RESIDENCE OF DECEDENT 10s. STATE 10s. COUNT Maryland Howa			TY, TOWN O	R LOCATION Ott City				IOd. INSIDE CITY LIMITS? YES 2 NO		
FUNERAL I	100. STREET AND NUMBER 9203 Winding Wa				101. ZIP CODE 21043		"		IAT COUNTRY?		
	11. MARITAL STATUS 1 Never Married 2 Married 3 Microcod	12. WAS DECEDENT EVE FORCES? 1 1 Y	? 1 YES 2 NO If yes, specify Cuba			ECENDENT OF HISPANIC ORIGIN? (Spectry Yea or No— Black, W Spectry: NO Spectry: Spect					
	15, DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	18e. DECEDENT' (Give kind of life. Do NOT House	s usual od work done of use retiged.)	CCUPATION during most of working	16b.	KIND OF BUSINESS/IN	DUSTRY				
DE COMIT EL	17. FATHER'S NAME (First, Middle, Last) Mahon Wisner		4.7		Cather	ine L					
2	19a. INFORMANT'S NAME (Type/Print) Ronald Shipley			DRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) nding Way Ellicott City Md 21043							
	20a. METHOD OF DISPOSITION 1 N Burial 2 Cremation 3 Red 4 Donation 8 Other (Specify)	City or Tow	n, State								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Harry H. Witzke Funeral Home Inc. 4112 Old Columbia Pikeellicott City										
-	Harry 7	1. Welste	e						ity		
				41	.12 Old Colu	mbia	Pikeellic	ott C	Approximate interval Between		
ATION	23. PART i. Enter the diseases, or shock, or heart failure immediate CAUSE (Finsi disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	s. Seption DUE TO (OR		not enter	.12 Old Colu	mbia	Pikeellic	ott C			
ERTIFICATION	23. PART i. Enter the discusses, or shock, or heart failure iMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentially list conditions,	s. DUE TO (OR	C S hoc as a consequence UTI	41 onot enter	.12 Old Colu	mbia	Pikeellic	ott C	Approximate interval Between		
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HOSPITAL Wilkins AUE BALTO, MD.

	_		REGISTRAR		CE	RTIFICAT	E OF	DEATH		REG. NO.	•		
		į,	1. DECEDENT'S NAME (First, Middle, Last)						2. DAT	E OF DEATH			. TIME OF DEATH
		-1	CAROLYN SIMS						MON	9 03	5 01	YEAR	7307
	-		4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest		ER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTN	1	. BIRTHPI	ACE (State or Foreign
39			215-03-5224	1 🗆 M 2 🖵 F	78	3 YRS. MONTHS	DAYS	HOURS MIN.	SE	DT.24	1910	Country)	UD.
(2	Ρ.	L	9e. FACILITY NAME (If not institution, give	street and number)		9b. CIT	Y, TOWN O	R LOCATION OF D	EATN /		9c. COUNT	Y OF DEA	ITN
1	-	5	CHURCH HOSPIT	ral		BZ	LTI	MORE					
Affect	- 13	E-	10e. STATE 10b. COUNT	TY		10c. CITY, TOWN	OR LOCAT	ION				1	Od. INSIDE CITY
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t permit			10e. STREET AND NUMBER		>			ZIP CODE			10g. CITIZE	EN OF WH	AT COUNTRY?
020 physician, burial-transit		2	316 PINEU		D.			21222	-		0	.5	A :
)20 htysic		- 17	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EV FORCES? 1	YES 2 NO		If yes, spe	ENDENT OF NISPAI ecity Cuban, Maxica	NIC ORIGI	N? (Specify Year Rican, etc.)	or No- 1	4. RACE - Black,	- American Indian, White, etc.
t a	2		3 Widowed 4 Divorced	IF YES, GIVE WAR (OR DATES		1 TYES	2 Specifi	y:		1/	Specify;	TE
1215 r attend use as			15. DECEDENT'S EDI (Specify only highest grad	JCATION .	18a. DEC	EDENT'S USUAL	OCCUPATIO	N	16	b. KIND OF BUSI	INESS/INDUS	STRY	115
21 al or for u		į	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	e kind of work done Do NOT use retired.	during mos	st of working					
AND the hospit detached	aj 2		8		1	OUSELL	SIFE	=					
The deta	once.	3	17. FATNER'S NAME (First, Middle, Lest)	11:11=				18. MOTNER'S NA	ME (First,	Middle, Maiden S			
> à à	10	ı II	NOHN Q.	MILLER	۷			CATH	EKY	NE	KOE	116	ER
ORE, MARYLA 6 may be retained by the ctor, page 5 should be det	notified		19a. INFORMANT'S NAME (Type/Print)	# 1 m a	196.	MAILING ADDRES	S (Street ar	nd Number or Rural I	Route Nun	nber, City or Town,	State, Zip C	ode)	- 1
	De n		A-LIGHT FII	LLEF	/	241 U	JILL	OW R	D ·	DUNI	PALK	19	D-41222
TIMORE, . Page 6 may b ral director, page	must		20a. METNOD OF DISPOSITION 1 N Burlel 2 Cremation 3 Ren	novel from State	20b, PLACE All certietery, crem	D DATE OF DISPO	SITION (Nat	me of	DAT	TE 20c. LOC	ATION - CIT	ly or Town	, State
M direc		- 11-	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	CENTEE	JAC-1	TEAHL O	FV	=305 ;	7-7-	91 64	410	(0.	MD.
ath. F	examiner			Ansee /	11	22	. NAME AN	D ADDRESS OF FA	CILITY				
BALTIMORE, ter death. Page 6 may be the funeral director, page			Thomas)	. Afar	deh	. 9	KAF	DAFA		529	HUD	KON	5.
2 8 a			23. PART I. Enter the diseases, or shock, or heart feiture.	complications that car	used the des	th. Do not ente	r the mod	de of dying, euc	h as cer	diac or reapir	atory erree	et,	Approximate
24 hours filled in I			IMMEDIATE CAUSE (Final	O Codae E	on each line.	- 0.1	,						Interval Betwee
	it, the		resulting in death)	e. Leens	meay	001	4						mospes
executed within and completely budal completely	event,			DUE TO (OR	AS A CONSEOL	JENCE OF):							Cleeks
2 2 E	atic		Sequentielly list conditions,	· 179/	erra	sion							greces
Cian pe	traumatic		if sny, leading to immediate ceuse. Enter UNDERLYING	DUE TO/ON	AS A CONSEQU	IENCE OF):							
Certificate be ding physician lyviene prior it			CAUSE (Disesse or injury	c. DUE TO (OR	AS A CONSEOL	IENCE OF							
Certific O	or other		that initiated events resulting in death) LAST	200 10 (011	AS A CONSECU	CHOE OF J.							
DS, P.O. Ended the death certification of the attending physical Mental Hyriene	5. C			d									
U 5 7 +	Injury.		PART ii. Other significant condition	ns contributing to dee	th but not re-	auiting in the u	nderlying	ceuse given in	Pert i.	24a. WAS AN A			ERE AUTOPSY FINDINGS
0 = 3 =	8 3									PERFORM 1 YES 2		0	MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATN?
REC requires	shows										_		YES 2 NO
L R law rel	23 s												
F VITAL REC SICIAN: The law require certificate has been so the State Dent. of H.	ed, or item 23 s		25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		1		ACE OF DEATH (Che	ck only or	ne)			
CIAN:	5 0		1 YES 3 NO	1 - Inpetiant 2 - ER/	Outpatient 3	DOA 4 Nu		5 Residence	a 🗆 Othe	м (Specify)			
OF VITAL PHYSICIAN: The law this certificate has	e G		27. MANNER OF DEATN 1 Natural 5 Pending	28s. DATE OF INJU (Month, Day, Ye		28b. TIME DF INJURY	28c. INJU WOF	IRY AT	2ad. DE	SCRIBE NOW IN.	JURY OCCUP	RED	
ONG P After t	E Z		2 Accident Investigation			M		ES 2 NO					
VISION ATTENDING ECTOR: After			3 Suicide a Could not be 4 Nomicide determined	28s. PLACE OF INJ building, atc. (IURY — Al hom 'Specify)	e, form, street, fac	tory, offica		2af. LOC City	Or Town, State)	d Number or	Rurel Rou	te Number,
DIVISION OR ATTENDING P DIRECTOR: After the	item 2	-	DO. DEPOSITION A										
TAL O	MPI Ite		(Check only	ICIAN: To the best of my k	nowledge, deat	h occurred at the	time, date a	and place, end due	to the car	use(a) and mann	er ee stated.		
UNER	MPORTANT: IF		2 MEDICAL EXAMIN	ER: On the basis of exemin	ation and/or Im	restigation, in my	opinion, de	ath occured at the	lime, deta	and place, and	due to the o	ause(a) a	nd manner as stated.
분분	PORT		29b. SIGNATURE AND TITLE OF CERTIFIE	R / \ 0	0	3 0 "5"		29c, LICENSE NUM	BER		29d. DATE S	IGNED (M	onth, Day, Year)
TO THE HOSPITAL (TO THE FUNERAL DE BE filed within 72 h	₹ 0		100 wars	no area	rec	ealeH		1)403	,56		191	5-1	191
ı	"		30. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAUSE OF	DEATH (ITEM	27) (Type, Print)		Balto	KIT	2000			
		-	31 DATE ENER MAN DE MAN	100/4	,	odua	y V	July .	172	2/23	3/		
W			31. DATE FILEB (Month, Bay, 1997)	32. REGISTRAR'S S	SIGNATURE	2 00		_					

	HEGISTHAN				SHIII	ICALI	= Ur	DEA	10	R	EG. NO.			
	1. DECEDENT'S NAME (First,	D		mitt)			_		2. DATE OF I	DEATH DA	Y	YEAR 91	3. TIME OF DEATH 5 55 A M
)	4. SOCIAL SECURITY NUMB	35	5. SEX 1 🔀 M 2 🗌 F	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER	DAYS	HOURS	R 24 HRS.	7. DATE OF E (Month, De 4/12/	191	9	Country	PLACE (State or Foreign
DIRECTOR	9a. FACILITY NAME (If not in HOWARD CO	. GEN		SPITAL				BIA	ION OF DE			9c. COUN	WAR.	
E .	RESIDENCE OF DEC	10b. COUNT	Y		10c CIT	Y, TOWN	20 1 004	CION						
	MD 100. STREET AND NUMBER	HOWA	RD			LICO	TT	CIT						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	8085 MAIN	N STR	EET					2104					S.	/HAT COUNTRY? A .
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 FORCES? 1 YES 2 FORCES?								n, Puarto Rican	pecify Yes n, etc.)	y Yes or No— 14. RACE — American Indian, Black, White, etc. Specify: WHI TE			
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18a. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 18b. KIND OF BUSINESS/INDU									USTRY				
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +)				(Give kind of work done during most of working life. Do NOT use relied.) CHECKER - SHIPPER				ng	SIMKINS INDUSTRY			I'RY	
BE CO	tr. father's name (First, Mi									ME (First, Middle MCKE		Surnama)		
TO B	JOYCE BEI			191 5	109	HIG	(Street &	Y 42	or Rural A	t 14	ELLI	State, Zip	Code)	GA.
	20a. METHOD OF DISPOSITION Burial 2 Cremation 4 Donation 5 Other	n 3 🗆 Reme	oval from Stata	20b. PLACE / cemetery, cre	ND DATE	OF DISPOS	ITEY	me of MEN	1. G			ATION — C	City or Tov	vn, Stala
	Commetter 3 Removal from Stata Commetter 3 Removal from Stata Commetter of Commetter State Commetter State													
_	Cy surver	resp.	and	MO	0535	5	E	LLI	OTT	CITY	, NA	ARYL	AND	21043
	IMMEDIATE CAUSE (Final disease or condition										Approximate Interval Batween Onaet and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												1 month	
	resulting in death) LAST		d											
N: MEDICAL	PART II. Other algorificant conditions contributing to death but not a					esulting in the underlying csuse give			given in F		PERFORMEDY 1 YES 2 NO			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	NOSPITAL:					ACE OF D	EATH (Chec	ck only one)				
YSI	1 TYES 2 M NO		1 Inpatient 2 🗆	ER/Outpetient 3	□ DOA	OTHER		5 🗆 Re	sidence 6	6 Other (Spe	ecify)			
ВУ РН	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 Netural 5 Pending Investigation 2 Accident Investigation													
	3 Suicide a Could not be detarmined Could not be detarmined 26e. PLACE OF INJURY — At home, farm, street, factory, office 26e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 26f. LOCATION (Street and Number or Rural Floute City or Town, State)										oute Number,			
COMPLETED	one) 2 MEDIC	CAL EXAMINE												and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER Steven Selle VM) 296. LICENSE NUMBER 434613 296. DATE SIGNED 8/31 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									Month, Day, Year)				
	STEVEN 31. DATE FILED (MODIL DOWN, M	Gell	er M. D.	9501	01	d A	Ma	polis	R	3 6	llico	tt c	Ti	mo aloya
	SEP	3 '91	Jul	a Javidson	- Pano	lace								

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DHMH-16 Rev 1/89

	1. DECEDENT'S NAME (First, Mile	ridia I anti			2 DATE OF DEATH	2 THE OF DELTH				
	Mildred	W. Sma	()		2. DATE OF DEATH MONTH DAY	SEAR 3. TIME OF DEATH				
1	4. SOCIAL SECURITY NUMBER	5. SEX 6. /		IF UNDER 1 YEAR IF UNDER 24 HRS	(Month, Day, Year)	8. BIRTHPLACE (State or Foreign				
	90. FACILITY NAME (If not institu	1 M 2 XF	9 YRS.	Pb. CITY, TOWN OR LOCATION OF	11-30-90	Maryland				
Ы	ST. J		OSPITAL	Towson		BALTO.				
ЕСТО	RESIDENCE OF DECEM 10e. STATE 10	DENT Db. COUNTY		TOWN OR LOCATION		10d. INSIDE CITY				
DIRI	MD	BALTO	17.6		Glyndon	LIMITS? 1 ☐ YES 2 🔀 NO				
RAL	100. STREET AND NUMBER	0 Worthington A	ve.	101. ZIP CODE 210:		10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV	YER IN U.S. ARMED	13. WAS DECENDENT OF HISI If yes, specify Cuben, Mex	PANIC ORIGIN? (Specify Yes or	r No— 14. RACE — American Indian, Black, White, etc.				
ВУ	1 Never Married 2 Ma 3 Widowed 4 Divorce	IF VES GIVE WAR		1 TYES 2 X NO Spe		Specing: White				
ΘĒ		ENT'S EDUCATION ghest grade completed)	16a, DECEDENT'S U! (Give kind of wo	rk done during most of working	16b. KIND OF BUSIN	IESS/INDUSTRY				
PLE	Elementary/Secondary (0-12) H.S.	College (1-4 or 5+)	INC. DO NOT USE	round.;	Retail	l Sales				
COMPLETED	17. FATHER'S NAME (First, Middle, Last) Rev. Albert A. Bichell Edith Emmart									
BE	190. INFORMANT'S NAME (Type		19b. MAILING A	DDRESS (Street and Number or Rui	ith Emmard					
2	Patricia M.	Walker		Parkwood Ave.						
	20e, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION — City or Town, State									
	4 Donation 5 Office (%) 21. SIGNATURE OF FUNERIAL S		Truna Kiag	22. NAME AND ADDRESS OF FACILITY 11824 Reisterstown Rd.						
1	Mundex		tersterstown Ra. terstown,Md. 21136							
	disease or condition resulting in death)	. SEPS	DO aech line.		uch es cerdiec or respire	Interval Betwee				
TTIFICATION	disease or condition	a. SEPS OUE TO (OR DUE TO (OR OUE TO (OR OUE TO (OR OUE TO (OR	AS A CONSEQUENCE OF):	OWEL ION (FO	OBSTRU CAL IMP.	Interval Between Onset and Des				
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TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYDICHE

REGISTRAR		CERTIFI	OAIL		REG. NO	1		
1. DECEDENT'S NAME (First, Middle, Las	ot)				2. DATE OF DEATN		3. TIME OF DEATN	_
CLARENCE	Nav	v	SI	ACUM	9 7	199	YEAR	Ам
4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	E (In yrs. last birthday)	IF UNDER 1 YEA	AR IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTNPLACE (State or Foreig	
214-34-5163	1)() M 2 F	54 YRS.	MONTHS DAY	/S HOURS MIN.	02-18-19	37	Country) Maryland	y*-
9a. FACILITY NAME (If not institution, giv	e street and number)		9b. CITY, TOV	WN OR LOCATION OF D		_	NTY OF DEATN	
DORCHESTER GE	NERAL HOSP	ITAL	CAME	RIDGE			CHESTER	
10a, STATE 10b. COUR	ITY	10c. CITY	TOWN OR LO	CATION			10d. INSIDE CITY	
Maryland Do	rchester		East	New Mark	et		1 YES 2 NO)
5999 North C	ourt			101. ZIP CODE 2163	1	10g. CITI	ZEN OF WHAT COUNTRY? USA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVEI FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yea	DECENDENT OF NISPA , specify Cuban, Maxic YES 2 NO Speci	NIC ORIGIN? (Specify Yearn, Puarto Rican, etc.) y:	e or No—	14. RACE — American Indian, Black, Whita, atc. Specify: White	
15. DECEDENT'S Et (Specify only highest gra	DUCATION de completed)	16a. DECEDENT'S	JSUAL OCCUP	ATION	16b. KIND OF BU	SINESS/IND	USTRY	_
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	ork done during retired.)	most of working				
12 Years		Elec	trici	an	Electr	ical	Contractor	•
17. FATNER'S NAME (First, Middle, Last)					ME (First, Middle, Maider			
Clarence Cha	rles Slacu				Elizabe			
19a. INFORMANT'S NAME (Type/Print)	01-	19b. MAILING	ADDRESS (Stre	et and Number or Rural	Route Number, City or Tox	n, State, Zip	Code)	
Joyce Spedde		06.PLACE AND DATE OF					t, Md. 2163	1
1 Donation 5 Other (Specify)	moval from Stata	emetery, cremetory or oth Dorchest	er placal				dge, Md.	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			AND ADDRESS OF FA	CILITY			
	R Thomas	11-	700	Locust	s Funera St. Camb	ridae	e, Md. 2161	3
23. PART I. Enter the diseases, or heart feilure	complications that cause. List only one cause on	od the death. Do no	ot enter the	mode of dying, auc	h aa cardiac or resp	iratory erro	eat, Approximate	
iMMEDIATE CAUSE (Final disease or condition reaulting in deeth)	CONTACT	GUNSHO	T W	THIND OF	HEAD		interval Between Onset and De	
	DUE TO (OR AS	A CONSEQUENCE OF)						
Sequentially list conditione, if any, leading to immediate	b DUE TO (OR AS	A CONSEQUENCE OF)						
CAUSE (Disease or injury	C	A CONSEQUENCE OF						
that initiated events resulting in death) LAST	DOE TO (OR AS	A CONSEQUENCE OF):						
	d						1	
PART II. Other aignificent condition	one contributing to death	but not regulting in						
			the underly	ring ceuse given in			24b. WERE AUTOPSY FINDIN	vGS
			the underly	ring ceuse given in	PERFOR	MED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE	
			the underly	ring couse given in		MED?	AMILABLE PRIOR TO COMPLETION OF CAUSI OF DEATN?	
		•	the underly	ring ceuse given in	PERFOR	MED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE	
25. WAS CASE REFERRED TO MEDICAL FEAMINER?				ring ceuse given in	PERFOR	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSI OF DEATN?	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☑ YES 2 ☐ NO	HOSPITAL: 1 □ Inperient 2 (V ER/Ou		26. OTHER:	PLACE OF DEATN (Ch	PERFOR 1 Ves 2	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSI OF DEATN?	
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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

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91 25777 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Eunice Louise Seal 3. TIME OF OFATH September 10 1991 Eunice L. Seal 2:30 рм 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) e. BIRTHPLACE (State or Foreign New Jersey 145-14-2350 DAYS 1 🗌 M 2 🖫 F YRS. 90 900 Nov. 14, 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATH Williamsport Nursing Home Williamsport Washington RESIDENCE OF DECEDENT DIRECT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY MD Washington Hagerstown 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 18g. CITIZEN OF WHAT COUNTRY? 1630 Jefferson Blvd. 21740 USA 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No- RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerlo Rican, etc.)

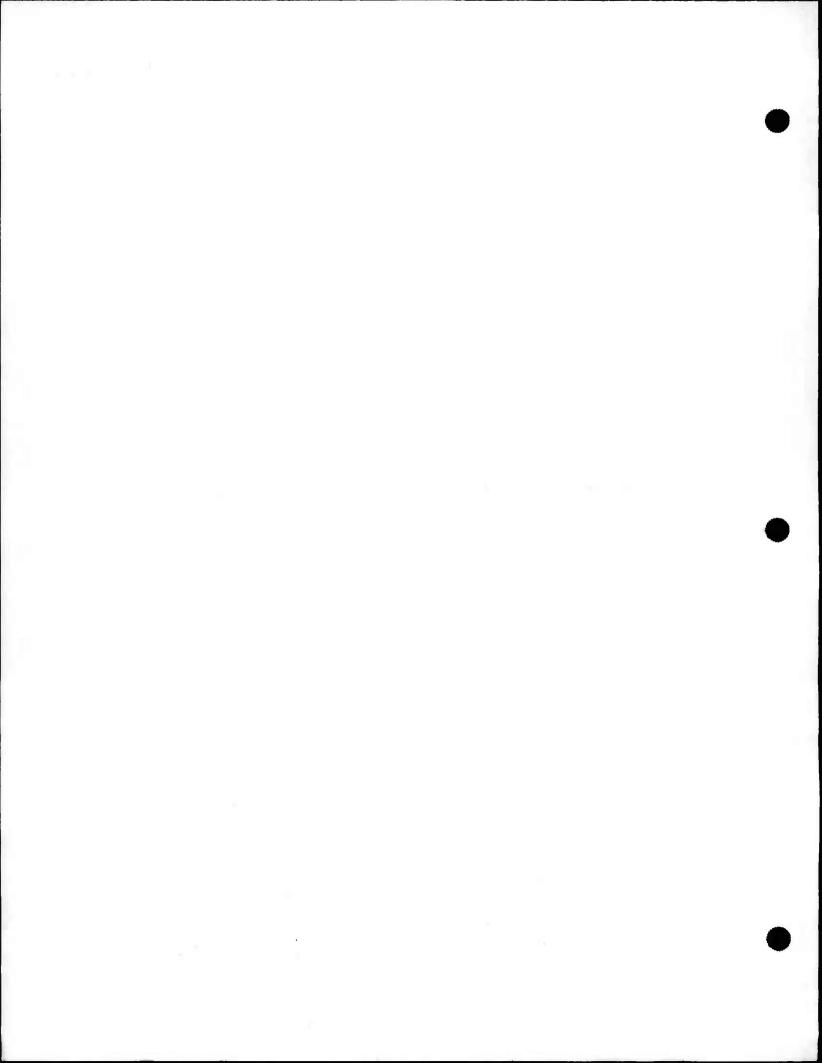
1 YES 2 NO Specify: FORCES? 1 YES 2 NO 1 Never Merried 2 Merried Specify: White B 3 Widowed 4 Olvorced ETED. 15. DECEDENT'S EOUCATION 16a. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) Clerical Chemical COMPL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumeme) George W. Towle Laura Powelson BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 1620 Marvin Ave. Hagerstown, Md 21740 Dorothy Dixon 20a METHOD OF DISPOSITION
1 Burlel 2 Cremetion 3 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Buriel 2 Cremetion 3 Removal from State ^{other place}Hillside Cemetery Scotch Plains, N.J. Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Minnich Funeral Home 415 E. Wilson Blvd., Hagerstown, Md 21740 Vista 23. PART i. Enter the dieeeses, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiretory arrest, shock, or heart fellure. List only one cause on each line. interval Between Oneat and Death **IMMEDIATE CAUSE (Finel** diseese or condition resulting in deeth) Bacterial Pneumonia DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO Cerebral Vascular Accident COMPLETION OF CAUSE 1 TES 27 KNO OF DEATH? 1 _ YES 2 _ NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA **X** Nursing Home 8 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DEŞCRIBE HOW INJURY OCCUREO 1 Natural 1 YES 2 NO BY Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide ED 8 Could not be 4 Homicide COMPLET 29e. CERTIFIER 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, end due to the ceuse(e) and menner ee stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the lime, data and place, and due to the cause(e) and menner ea stated. 29b. SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE

M

Ted E. Howe, 18100 Marden Lane, Olney, MD 20832 32. REGISTANTS SOUNDEN Andelle

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

D 33700



TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT O	F HEALTH AND	MENTAL HYGIENE
CERTIFICATE (OF DEATH	REG. NO.

FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPART CERTIFI	CATE OF		MENTAL HYGIEN		1 20110
1. DECEDENT'S NAME (First, Middle,		Robert Se	als		2. DATE OF DEATH MONTH JULY 24,	**1991 *	3. TIME OF DEATH 3:05 P
4. SOCIAL SECURITY NUMBER 192-22-1648 90. FACILITY NAME (If not institution	1 🔀 M 2 🗆 F	GE (In yrs. lest birthday) 64 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Weer) June 30,		BIRTHPLACE (State or Foreign Country) ashington, DC
14400 Chrisman	Hill Drive		Boyds			Montg	
	ntgomery	Boy	-	ni es			10d. INSIDE CITY LIMITS? 1 YES 2 NO
14400 Chrisman	Hill Drive	ED IN II & ADMED			0841 NIC ORIGIN? (Specify W	Unit	ed States
1 Never Married 2 Merried 3 Widowed 4XX Divorced	FORGERS + MY	ES 2 NO	If yes, sp	ecity Cuben, Mexico	in, Puerlo Rican, etc.)	14.	RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT (Specify only highes Elementary/Secondery (0-12) 12	college (1-4 or 8+)	16a, DECEDENT'S I (Give kind of w life. Do NOT use Artis	ork done during mo retired.)		Nuclear		Disposal
7. FATHER'S NAME (First, Middle, Li William F. Se 90. INFORMANT'S NAME (Type/Prin	als	19b, MAILING	ADDRESS (Street e	Mary Co	ME (First, Middle, Melde Onstance S Route Number, City or To	hea	de)
Cynthia D. Al	Removal from State	20b. PLACE OF DISPOS other piece)	ITION (Name of cer		20c. L	ds, MD	or Town, State
6 Donation 6 Other (Specification Service)		Suburban	Rapp I	Uneral	Services,	P. A.	ring, Marylan g, MD 20910
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR /	AS A CONSEQUENCE OF	ງ :	WAL CAM	ICER OF UK	RINARY (BUPPER 2 YR
PART II. Other significant con	aditions contributing to dear	th but not resulting I	n the underlyin	g ceuse given in	Part I. 24a. WAS A PERFC	N AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDING ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 D NO
25. WAS CASE REFERRED TO MEDI EXAMINER? 1 YES 2 NO	HOSPITAL:	Outpatient 3 DOA	OTHER:	LACE OF DEATH (C	heck only one) 6 Other (Specify)		<u> </u>
27. MANNER OF DEATH 1 Netural 6 Pendin	28e. DATE OF INJU (Month, Day, Ye	JRY 28b. TIM	E OF 28c. IN.	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUI	RED
2 Accident Investig	26e. PLACE OF IN. building, etc.	JURY At home, farm, a (Specify)	street, factory, offic	10	281. LOCATION (Stree City or Town, Stat	t end Number or e)	Rural Route Number,
conson only	PHYSICIAN: To the best of my i						
196. SIGNATURE AND TITLE OF CE	MMD			29c. LICENSE NU D339	-	29d. DATE S	GIGNED (Morith, Day, Year)
James J. Ties James J. Date Filed (Month, Day, Year)	, M. D., 108	10 Connect	icut Av	enue, Ke	nsington,	MD 208	95
JUL 25 '91	Juria Dav	SIGNATURE ANGLARD					DHMH-16 Rev

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after	by th	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical
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	17	
	TO THE FUNERAL DRIECTOR: After this certificate has been signed by the attenting physician and completely filled in by the filed within 72 hours after death with the State Dept. of Health and Mental Hydram prior to burist, cremation, or remove	

	FOR STATE REGISTRAR	STATE OF MAI	RYLAND / DEPAI CERTIF	RTMENT OF	HEALTH AND	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
Trans.	Emma Jane	SANDERS					15 1991	8:10P M
4)	4. SOCIAL SECURITY NUMBER		AGE (In yrs, lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	. 7. DATE OF BIRTH (Month, Day, Year)	B. SIRT	HPLACE (State or Foreign
	579-32-8001	1 □ M 2X□ F	64 YRS.	MONTHS DAYS	HOURS MIN.	Oct. 30,1	926 Pit	tsburg, PA,
100	9a. FACILITY NAME (If not institution, give s	treet and number)		96. CITY, TOWN	OR LOCATION OF		9c. COUNTY OF	
DIRECTOR	DOCTOR'S HOSPITAL			Lanha	ım		Prince	George
- E	10a. STATE 10b. COUNT	,	10c. CIT	Y, TOWN OR LOCA	TION		ELECTRICAL PROPERTY.	10d. INSIDE CITY
	Maryland Mon	tgomery	G	ermantov	m			LIMITS? V YES 2 NO
\¥	10e. STREET AND NUMBER				of. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	19902 Sweetgum C				2	0874	Tr.	S.A.
5	11. MARITAL STATUS 1 Never Married 2 X Married	12. WAS DECEDENT EV FORCES? 1	YES 2 NO	13. WAS OF	CENDENT OF HISP	ANIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)	n or No — 14, RAC	E — American Indian, ck, Whita, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR		1 🗆 YE	S 2X NO Spe		100	White
유	15. DECEDENT'S EDU	CATION	16a, DECEDENT'S	USUAL OCCUPAT	ION	166 KIND OF BU	SINESS/INDUSTRY	
Щ	(Specify only highest grade Elementary/Secondary (0-12)	Completed) Coffege (1-4 or 5+)	(Give kind of life. Do NOT u	work done during m	ost of working	NOW KIND OF BO	SINESS/INDUSTRI	
14	12		Audito	r		Inen	rance	
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	IAME (First, Middle, Maiden		
88	Richard Cogshill				Helen			
2	19a. INFORMANT'S NAME (Type/Print)			ADORESS (Street	and Number or Rurs	il Route Number, City or Tow	n, State, Zip Code)	
	Harry Sanders	(Husband		2 Sweets	um Circ	le. Germant		
	1 ☑ Buriel 2 ☐ Cremation 3 ☐ Remail 4 ☐ Donation 5 ☐ Other (Specify)	oval from State	20b. PLACE AND DATE cemetary, crematory or o	ther plecel			CATION — City or T	
	21. BIGNATURE OF FUNERAL SERVICE LIC	ENSEE	PROSPECT		METERY ND ADDRESS OF I	9-9 Was	hington.	D.C.
	► \/a	1.1.	0 202			's Sons, I	nc. N.W	
\vdash	23. PART I. Enter the diseases of	xemi	none	5130	Wisconsi	in Ave. Wa	sh. D.C	20016
	SHOCK, Of Heart fellure.	List only one cause of	on each line.	not enter the me	ode of dying, su	ich as cerdiec or respi	ratory arrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	Maute	nunna	Mint	ul	11 th		Onset and Death
	resulting in death)	DUE TO (OR	AS A CONSEQUENCE OF	your	ya	scring		4 days
z	-	(Area	ary ai	leva	NILLE	10010		1 /
TIO	Sequentially list conditions, if any, leading to immediate	Tour TO (OR)	AS A CONSEQUENCE OF	8-1-1		Fuge 1		1
CERTIFICATION	CAUSE (Disease or Injury	Napert	Ensure C	negi	pscloud	ue Cardy	wascul	a
E	that initiated events resulting in death) LAST	Ave to los	AS A CONSEQUENCE OF	7		00	uslan	e I
B		+						
AL	PART II. Other significant condition	contributing to deal	th but not resulting	in the underlyin	g cause given i	Part I. 24s. WAS AN		WERE AUTOPSY FINDINGS
100						1 VES 2	. /	COMPLETION OF CAUSE OP-DEATH?
MEDI								1 TYES 2 COM
A N	25. WAS CASE REFERRED TO MEDICAL							
PHYSICIAN	EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C			
1 ×	27. MANNER OF DEATH	1 Monpatient 2 □ ERV			ne 5 🗌 Residence	6 - Other (Specify)	a many a management	
	Natural 5 Pending	(Morein, Dep. 16		URY WO	YES 2 NO	264. DESCRIBE HOW IF	NJURY OCCURED	
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF INJ	URY At home, farm, s			28f. LOCATION (Street a	nd Number or Purel	Poute Number
12	4 Homicide defirmined	building, etc. (преслу)			City or Town, State)		
COMPLETED	20s. CENTIFIER 1 CENTIFYING PHYSIC	TAN: To the best of my k	nowledge, death occurre	of at the time, date	and place, and du	e to the cause(s) and man		
No.	(2) MEDIGAL EXAMINES	On the same of examin	ation and/or investigation	in my opinion, c	leath occured at th	e time, date and place, an	f due to the cause)	a) and manner as stated.
BE C	296. SIGNATURE MAP TITLE OF CENTURES	1	1	4	29c, LICENSE NU		294. DATE SIGNE	
0 8	- Michaux	ross	$w \setminus u$		D168	397	· 9/1	191
F	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	Cont.		110 0070	7/9	711
	William D. Rosson		5th Avenue	New Car	irollton	, MD 20784		
	31. DATE FILED (Morett, Day, 16ar)	32 MEDISTHAN'S	MANATURE PANGER					
ш	25403 31	Juna whente	con-Machines					
				130				DHMH-16 Rev 1/89

-T177 Fg

3. TIME OF DEATH

2. DATE OF DEATH

	I. DECEDENT'S NAME (First) GUNN		H. SUN	DSTRON	i				MOI	TE OF DEA NTH PT.	DAY	91 YEAR	1:45 A. M
	012-26-2936	BER	5. SEX	6. AGE (In y	s. last birthday) YRS.	IF UNDER	t YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DAT	TE OF BIRT	TH	0. BIRTH	PLACE (State or Foreign YOrk
-	11370 Evan	s Trail						or location of o	_		9c. C	rince	Georges
	RESIDENCE OF DEC 10e. STATE Maryland	10b. COUNTY	nce Georg	nes.		y, town o							10d. INSIDE CITY LIMITS? 1 YES 2XXNO
11-	11370 Evai		il #202				1	20705	Т		110		WHAT COUNTRY? States
. 11	11. MARITAL STATUS 1 Never Married XXX 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	TEVER IN U. XX YES AR OR DATE 1963	S. ARMED		If yes, s	ECENDENT OF HISP specify Cuban, Mexics ES 2 10 Spec	can, Puar	GIN? (Spec to Rican, a	cify Yes or No- atc.)	- 14. RACE Black Speci	- American Indian, i, White, atc.
COMPLETED		EDENT'S EDUC ly highest grade 0-12)		·)	Give kind of the Do NOT u	work done se retired.)	during r	most of working			OF BUSINESS		
	17. FATHER'S NAME (First, A		undstrom					16. MOTHER'S I	Ali	st, Middle,		ne)	
2	Shirley An	n Sunds			196. MAILING Same			t and Number or Run	al Route N	umber, City	or Town, State	a, Zip Code)	
14	20a_METHOD OF DISPOSITION AS DOMESTIC COMMENTS OF THE COMMENTS	r (Specify)		0.01	her place!	ashi	ngto	on Cemetery	ery			hi, Ma	aryland
1 2	SIGNATURE OF FUNERA	A Y	BOY 911	auet	t	22.]	Don 400	ald V. Bo Powder I	orgw Mill	ardt Rd.	Funer	al Ho	me, P.A. , Md. 20705
IFICATION	IMMEDIATE CAUSE (Fidisesse or condition resulting in death) Sequentielly liet condition from the couse. Enter UNDERLY CAUSE (Disease or injuit that initiated events	tions, odiata	DUE TO	(OR AS A CO	Ilne.	+C() F):		CAR					Approximate Interval Between Onset and Dasti
MEDICAL	PART II. Other algnific	-	s contributing to	death but	not resulting	in the u	nderly	Ing cause given	In Part I		WAS AN AUTOF PERFORMED? YES 2 NO		. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES2 NO
PHYSICIAN	25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO	TO MEDICAL	HOSPITAL:	☐ ER/Outpetic	ent 3 🗆 DOA	OTHE	R:	PLACE OF DEATH (olfy)		
- II .	27, MANNER OF DEATH		28a. DATE OF	Pay, Year)	25b. TII	JURY	1	NJURY AT WORK?	28d.	DEŞCRIBE	HOW INJURY	OCCURED	
р ву рну	Netural 5 Accident	Pending Investigation Could not be		OF INJURY	At home, ferm,	atreet, fec		YES 2 NO	260.0	OCATION	(Street and Nu	imher or Rumi	Route Number

SFP 09 '91

32. DEGISTRAB'S SIGNATURE
Junia Davidson Gandall

DHMH-16 Rev 1/89

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

CARLTON D.

SEP 09 '91

MILLER

LCDR

MC 39. REGISTBAR'S SIGNATURE

	1 - FOR STATE REGISTRAR	STATE OF MA	ARYLAND / DEPAI CERTIF	RTMENT OF I		MENTA	L HYGIEN	E	1 (23701
	DECEDENT'S NAME (First, Middle, Last)		RITZSCHE SI			MONT	EP 3 19	991	/EAR	1:45 P M
)	4. SOCIAL SECURITY NUMBER 571-46-3936	1 🗆 M 2 🔀 F	6. AGE (In yrs. lest birthday) 58 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mont	OF BIRTH th, Day, Year) Y 11 19	933	CHIN	
TOR	90. FACILITY NAME (If not institution, give on NATIONAL NAVAL RESIDENCE OF DECEDENT		CENTER	134	OR LOCATION OF O	DEATH			TGOME	
DIRECTOR	10e. STATE 10b. COUNT	r FAIRFAX	10c. Cf	TY, TOWN OR LOCA	TION IRFAX					INSIDE CITY LIMITS? YES 2 NO
FUNERAL	9815 COMMONWEALT				H. ZIP CODE			UN	ITED	STATES
BY FU	11. MARITAL STATUS 1 Never Merried 2 Married 3 XWidowed 4 Olvorced		EVER IN U.S. ARMED YES 2 NO R OR DATES	If yes, s	CENDENT OF HISPA pecify Cuben, Mexic 8 2 X NO Speci	an, Puerto		or No— 1	8. RACE — / Black, Wi Specify:	American indian, lite, atc. WHITE
COMPLETED	15, DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life, Do NOT		ost of working		b. KIND OF BUS			0.0
	17. FATHER'S NAME (First, Middle, Last) CARL FERDINAND	FRITZSCH		G BREEDE	18. MOTHER'S N	AME (First,	PRIVA! Middle, Maiden CREA		SINE	55
TO BE	190. INFORMANT'S NAME (Type/Print) KARLA MOELLERING		19b, MAILIN		end Number or Rural ROCK COU	Route Num	nber, City or Tow			73142
	20e. METHOD OF DISPOSITION	noval from State	20b. PLACE ANO OA of cemetary, cremato, ARLINGTO			MET		cation — ci RLING		State VIRGINI
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		IV	ND ADORESS OF F ES-PEAR ARLINGT	RSON				
	23. PART i. Enter the diseases, or strock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one caus		BREAST C		ch aa car	rdiac or resp	ratory arre	nt,	Approximate interval Between Onset and Death
ATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	OR AS A CONSEQUENCE	OF):						
CERTIFICATION	CAUSE (Disease or injury that initiated events reaulting in death) LAST	c	OR AS A CONSEQUENCE	OF):				19		
PHYSICIAN: MEDICAL C	PART II. Other eignificant condition	na contributing to o	death but not reaulting	in the underlyle	ng cause given in	n Part i.	24a. WAS AN PERFOI 1 XYES 2	RMED?	CO DF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO	HOSPITAL:	ER/Outpetient 3 DOA	OTHER:	PLACE OF DEATH (Come 5 - Residence				1	
В	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF I	INJURY 28b. Ti	M 1	JURY AT YES 2 NO	21	CATION (Street	5		Number
LETED	3 Suicide 6 Could not be 4 Homicide determined	building, d	etc. (Specify)			City	y or Town, State,			
COMPLET	(Check only 1 (Check only one) 2 MEDICAL EXAMIN	ER: On the basic of ex	my knowledge, death occu amination end/or investige		death occured at th	ne time, de		nd due to the	ceuse(e) en	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE COLLY D MUST 30. NAME AND ADDRESS OF PERSON WI	- no	E OF DEATH STEM 27 CT	na Delne)	38485	5 (NC		104		onth, Day, Year)

NATIONAL NAVAL MEDICAL CENTER

BETHESDA, MD 20889-5000

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	- SIAIE	TATE OF MARYL				MENTAL HYGIEN		1 25782
	1. DECEDENT'S NAME (First, Middle, Last) AN + HON U	NMN		cate of	DEATH	2. DATE OF DEATH MONTH		3. TIME OF DEATH
)	4. SOCIAL SECURITY NUMBER 5.		In yrs. lest birthdey) 53 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) Pennsylvania
5	9a. FACILITY NAME (If not institution, give atreet Washington Adventis RESIDENCE OF DECEDENT	The second second		96. CITY, TOWN C	n LOCATION OF DE Park	EATH	9c. COUNTY	gomery
DINECTOR	Maryland Montgom	ery		town or Local				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
LONELAR	3629 Childress Cour			2	0866		U.S.	
2	11. MARITAL STATUS 1	WAS DECEDENT EVER IF FORCES? 1 X YES IF YES, GIVE WAR OR DA	2 NO	if yes, sp	ENDENT OF HISPAN selfy Cuban, Maxica 2 NO Specifi	NIC ORIGIN? (Specify Ye in, Puerto Rican, etc.) y:	s or No 14	. RACE — American Indian, Black, White, atc. Specify: White
7.55150	15. DECEDENT'S EDUCATION (Specify only highest grade come Elementary/Secondary (0-12)	ON oleted) ollege (1-4 or 5+)	16a. DECEDENT'S (Give kind of w life. Do NOT us	rork done during mo e retired.)	ON st of working	166. KIND OF BU	Employ	
DE COMP	17. FATHER'S NAME (First, Middle, Last) Guido H. Salvan	. 1111-			Marjori	ME (First, Middle, Maide) Le M. Lomi	re	
2	Anne C. Salvan		same	as #10		Route Number, City or To		
	20a. METHOD OF DISPOSITION 1	from State of	cemetary, crematory Linco	in Ceme		9/11/9 Br		od, Maryland
	> J.E. Jal					rk Dr. Ga	ithers	al Home burg, MD 20877
	23. PART I. Entarkha diseases, or come hock or heart failura. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	only one cause on e		x for	da of dying, aud	ch as cardiac or reap	olratory arrea	t, Approximate Interval Between Onset and Death
CENTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	mille	A CONSEQUENCE OF	1 M	part	my.		
MEDICAL	PART II/Other significant conditions of	entribusing to death t	ut not feaulting i	infthe underlyin	g sause given in		H AUTOPSY HIMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIOIS.		OSFITAL: Inpetient 2 ER/Out	petient 3 🗆 DOA	OTHER:	LACE OF DEATH (C)	6 Other (Specify)		
101	27. MANNER OF CEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		M 1 🗆	URY AT DRK? YES 2 NO	26d. DESCRIBE HOW		
7	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, atc. (Spe	icity)			28f. LOCATION (Stree City or Town, Stat	•)	
COMPLE	2 MEDICAL EXAMINER: C	and the second the			leath occured at the	e time, date and place,	and due to the	cause(a) and manner as stated.
100	SHO GENERALINE AND THE OF CENTREE	WIEL	MAD	SPN	29c, LICENSE NU	169	29d. DATE	SIGNEO (Month, Day, Year)

31. DATE FILEO (Month, Day, Year)
SEP 09 1991

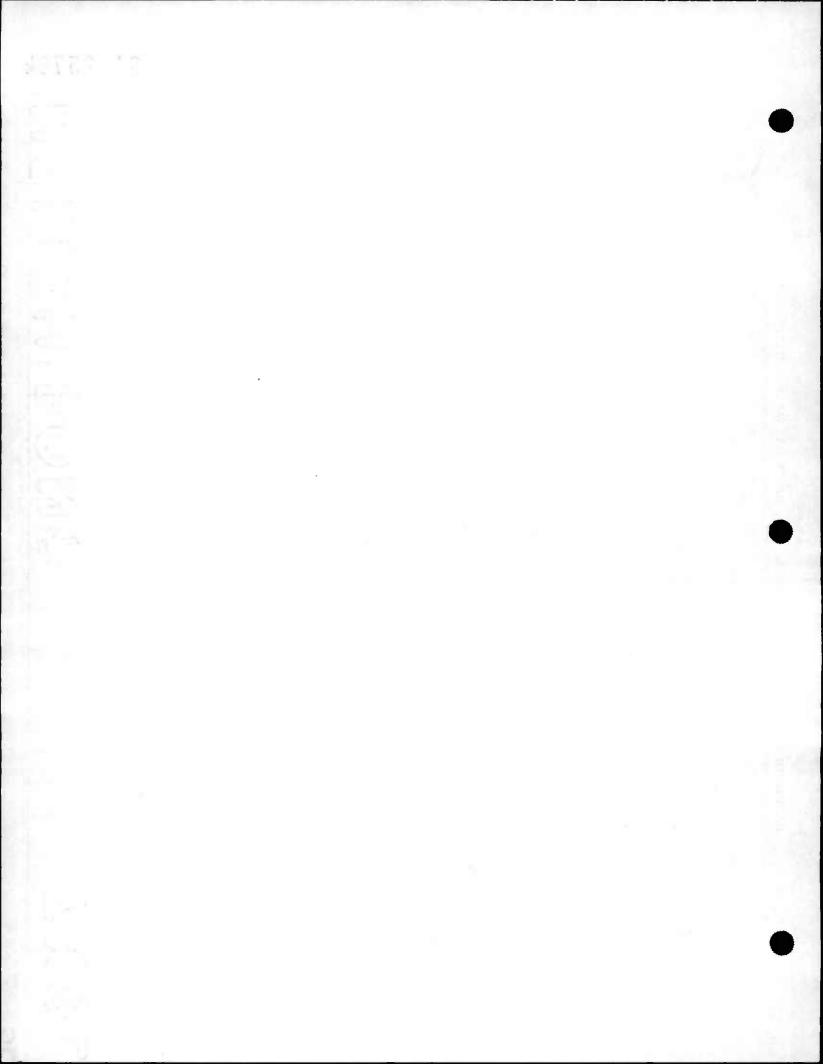
1. DECEDENT'S NAME (First, Middle, LI ROSE	-	VENSON				2. DATE OF MONTH	DEATH DAY	4-9	YEAR	3. TIME OF DEATH 900 A
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. la		7	UNDER 24 HRS.	7. DATE OF				PLACE (State or Foreign
216-46-3787	1 🗆 M 2 💢 F	86	YRS. MONTH	DAYS HO	URS MIN.	JUNE	2, 19)5	NEW	"YORK
9s. FACILITY NAME (If not Institution, g	ive street and number)		9b. Ci	TY, TOWN OR L	OCATION OF D		1371		NTY OF D	EATH
WHEATON MAI				WHEATC	N			MON'	TGOM	ERY
RESIDENCE OF DECEDENT			10c. CITY, TOWI	LOD LOCATION						AND MINISTER OF THE
MARYLAND MO	ONTGOMERY		SILV	ER SPR	ING				\Box	10d. INSIDE CITY LIMITS? 1 YES 2 NO
1121 UNIVERSITY	BOULEVAR	D WEST,	#1018	101. ZIF	20902			10g. CITI	USA	YHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced		IT EVER IN U.S., A I YES 2- MAR OR DATES	RMED 1		ENT OF HISPA Cuben, Mexic NO Speci	an, Puerto Ric		or No	14. RACE Black Speci	American Indian, k, White, etc.
15. DECEDENT'S	EDUCATION		ECEDENT'S USUAL			16b. K	IND OF BUSI	NESS/IND	USTRY	
(Specify only highest g Elementary/Secondary (0-12) 12	College (1-4 or 5	+)	'Give kind of work doi fe. Do NOT use retired OMEMAKER	ne during most of 1.)	working					
17. FATHER'S NAME (First, Middle, Last, GEORGE	BATEMAN			18	ELIZAE		ddle, Maiden S		A DOM	EV
	DATEFIAN			*************					ARON.	
9a. INFORMANT'S NAME (Type/Print) ANN SWENSON	(DAUGHTE		96. MAILINO ADDRI							MD 209
	(DAUGHTE					T	_			ER SPRING,
20a. METHOD OF DISPOSITION 1 Durial 2 Commetten 3 1	Ramoval from State		ROPOLITA			DATE				
4 Donation 8 Other (Specify) . 21, SIGNATURE OF FUNDBAL SERVIC	EN LOCALOFE S	MEII								VIRGINIA
21. SIGNATURE OF FUNERAL SERVIC	CENSEE	0		N. COMA RIMANI-SE	DORESS OF F	ACILITY				
		Y .								, INC.
1)(hus !	1 Ou	n								, INC. SP., MD 20
23. PART I. Enter the diseases,	or complications the	at coused the d	deeth. Do not en	500 UNI	VERSIT	Y BLV	D., W.	, SI	IL.	SP., MD 20
	or complications thure. List only one ce	at coused the duse on each lin	deeth. Do not en	500 UNI	VERSIT	Y BLV	D., W.	, SI	IL.	SP., MD 20
shock, or heert felle IMMEDIATE CAUSE (Finel disease or condition	are. List only one ce	use on each lin	deeth. Do not en	500 UNI	VERSIT	CY BLV	D., W.	atory sn	IL.	SP., MD 20
shock, or heart felle IMMEDIATE CAUSE (Finel	e. <u>Cev</u>	tral	deeth. Do not entitle. Respective of process.	or the mode	VERSIT	ch as cardle	D., W.	atory sn	IL.	SP., MD 20
shock, or heert felle IMMEDIATE CAUSE (Finel disease or condition	e. <u>Cev</u>	tral	deeth. Do not entitle. Respective of process.	or the mode	VERSIT	ch as cardle	D., W.	atory sn	IL.	SP., MD 20
shock, or heert fells IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions,	e. Ce v	O OR AS A CONSI	deeth. Do not entre. Respectively.	or the mode	VERSIT	en BLV: Chaa cardie Fai Dem	D., W. sec or respir	atory sri	IL.	Approximate Interval Betwo
shock, or heert felting immediate cause. Enter UNDERLYING	e. Ce v	O OR AS A CONSI	deeth. Do not entre. Respectively.	or the mode	VERSIT	en BLV: Chaa cardie Fai Dem	D., W. sec or respir	atory sri	IL.	Approximate Interval Betwo
shock, or heert fells IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate	e. Ce v DUE TO DUE TO C. A	O OR AS A CONSI	Respective of the control of the con	or the mode	VERSIT	en BLV: Chaa cardie Fai Dem	D., W. sec or respir	atory sri	IL.	Approximate Interval Betwo
shock, or heert felt disease or condition resulting in deeth) Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	e. Ce v DUE TO DUE TO C. A	O OR AS A CONSI	Respective of the control of the con	or the mode	VERSIT	en BLV: Chaa cardie Fai Dem	D., W. sec or respir	atory sri	IL.	Approximate Interval Betwo
shock, or heert fells IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	e	O (OR AS A CONSI	Respective of the control of the con	er the mode	VERSIT	EY BLV.	lure ent	atory sn	IL.	Approximate Interval Betwo
shock, or heert fells IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	e	O (OR AS A CONSI	Respective of the control of the con	er the mode	VERSIT	EY BLV.	D., W. ec or respir	atory sn	IL.	Approximate Interval Betwoonset and De Onset
shock, or heert fells IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	e	O (OR AS A CONSI	Respective of the control of the con	er the mode	VERSIT	CY BLV. Chaa cardia Fai Dem 1004:	D., W. D.	autropsy MED?	IL.	Approximate Interval Betwoonset and De Onset
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shock, or heert felter in the state of the s	e	O (OR AS A CONSI	Respective of the control of the con	er the mode	VERSIT	CY BLV. Chaa cardia Fai Dem 1004:	D., W. oc or reapir lure ent scula	autropsy MED?	IL.	Approximate Interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
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J. Indisano MD

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending p	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the b	be filed within 72 hours after death with the State Dept. of Health and Merital Hyglene prior to bund, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE	
1. DECEDENTS NAME (First, Middle, A. SOCIAL SECURITY NUMBER	N E 79017E	Cou	IMONETTI	2. DATE OF DEATH SEPTEMBER 3, 1	3. TIME OF DEATH 3: 20 A. A. 6. BIRTHPLACE (State or Foreign
577-30-9570 98. FACILITY NAME (If not institution	1 M 2 F give street and number)	84 YRS. MO	DAYS HOURS MIN.	MARCH 15 1907 DEATH One of the control of the cont	MARYLAND TY OF DEATH
10a. STATE 10b. C	OUNTY	10c. CITY, T	SILVER SPRI	NG I MONT	10d. INSIDE CITY
10e. STREET AND NUMBER 710 BONIFA	ONTGOMERY ONT STREET	51	LVER SPRING 101. ZIP CODE 20910		1 YES 2 NO
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I	2 NO			14. RACE — American Indian, Black, White, atc. Specify: WHITE
15. DECEDENT (Specify only highes Elementary/Secondary (0-12)	Coffege (1-4 or 5+)	12.7	done during most of working stired.)	16b. KIND OF BUSINESS/IND	USTRY
17. FATHER'S NAME (First, Middle, L.	24	1 EACHER	/LIBRARIAN	EDUCATION NAME (First, Middle, Maiden Surname)	
AUGUSTUS	HOWARD		GLEN	ROYER	
19a. INFORMANT'S NAME (Type/Print CHARLES M. CA				el Route Number, City or Town, State, Zip SILVER SPRING, MA	
20s. METHOD OF DISPOSITION 1V Buriel 2 Cremetion 3 [4 Donation 6 Other (Specific Street) Common Street C	Ramoval from State of	b. PLACE AND DATE O cemetary, crematory or ST. MARK	other place) S CHURCH CEME	DATE 200. LOCATION — FERY HIGHLAN FOLLINS FUNERAL	D, MARYLAND
	s, or complications that cause illure. List only one cause on a	ook Hee	500 UNIVERS	TY BLVD., W., S	IL. SP., MD 20
IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS	STASC A CONSEQUENCE OF):	Buali	Coules.	Onset and Das
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST	c	A CONSEQUENCE OF):	akry a	rles.	
PART II. Other algoriticant con	nditiona contributing to death i	but not resulting in	the underlying cause given	In Part I. 24e, WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MED	ICAL		25 PLACE OF DEATH	(Check only one)	
1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	patient 3 DOA	THER: Nursing Home 5 - Residen	ce 6 Other (Specify)	
27. MANNER-OF DEATH Natural 5 Pendir Accident Investi		26b, TIME (INJUR	OF 28c. INJURY AT WORK? M 1 YES 2 NO	26d, DEŞCRIBE HOW INJURY OC	CURED
3 Suicide 6 Could 4 Homicide determ		Y — At home, felm, etry	factory, office	28f. LOCATION (Street and Number City or Town, State)	r or Rurel Route Number,
CONDON ONLY				dus to the cause(s) and manner as stat the time, data and place, and due to th	
296 STENATURE AND TITLE OF CO	Result	D	29c. LICENSE	NUMBER 35 29d. DAT	E SIGNED (Morth, Day, Wer)
SO, NAME AND ADDRESS OF PERS	CON WHO COMPLETED CAUSE OF O	EATH (ITEM 27) (Type, B	l'aufre	wy NO	20510.
TO DATE FILED (Month, Day, Year)	Sel Segistran's Sign	NATURE	7		



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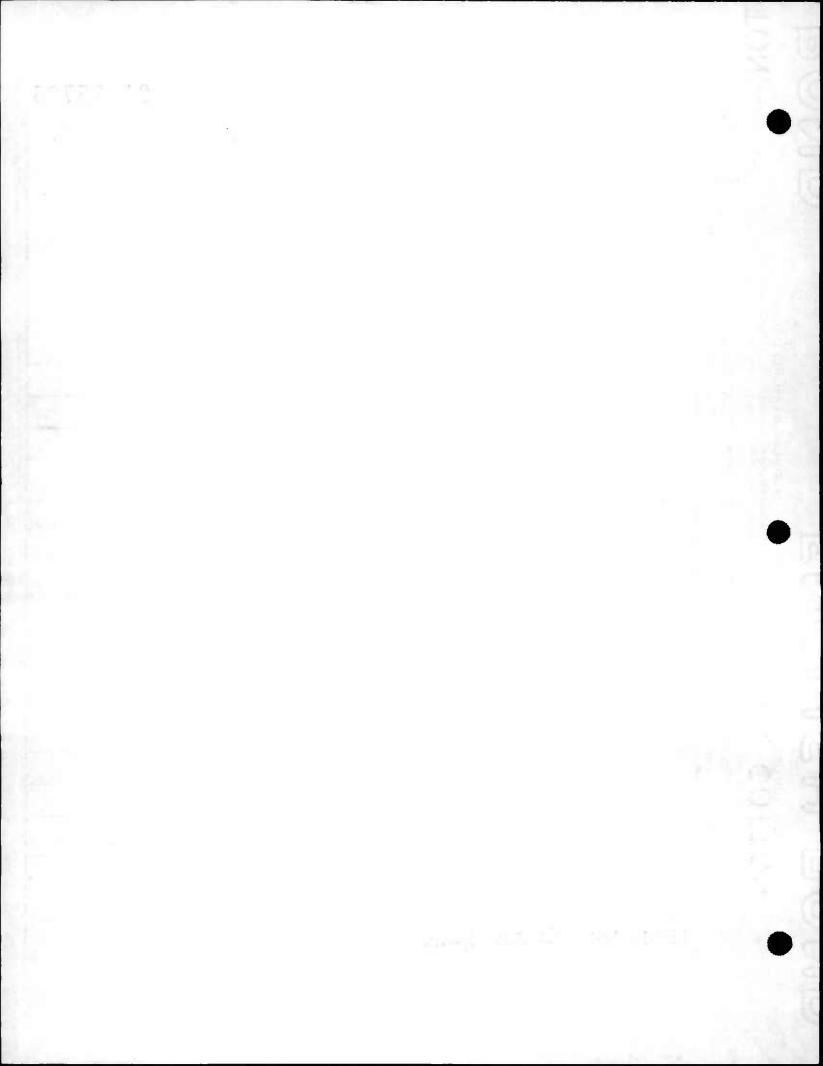
RAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEN CERTIFICATE OF DEATH	ITAL HYGIENE
S NAME /FILE AND I	THE PERSON OF BEATTI	REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPART	MENT OF H	EALTH AND N DEATH	MENTAL HYGIENE REG. NO.	21	23103
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATN
1			DARD, S			SEPTEMBER 8,	1991	6:50 A M
2)		6. AGE (In yr.		IF UNDER I YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Coun	"
	9a. FACILITY NAME (If not institution, give street	02		Sh CITY TOWN O	R LOCATION OF DE	DEC. 23, 1908		INGTON, D.C.
CTOR	DOCTORSCOMMUNITY			LANHAM	A LOCATION OF BE		NCE GE	ORGE'S
DIREC	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATE	ON			10d. INSIDE CITY
	MARYLAND PRINCE	GEORGE'S	RIVE	RDALE				1 YES 2 NO
FUNERAL	5613 62ND AVENUE			101.	ZIP CODE	10g		WHAT COUNTRY?
S		2. WAS DECEDENT EVER IN U.S	ARMED	13 WAS DEC	20737	C ORIGIN? (Specify Yea or No	USA	
B	1 Never Married 2 Merried 3 X Widowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	V NO	If yes, spe	city Cuban, Maxican 2 X NO Specity:	, Puarlo Ricen, etc.)	Spec	E — American Indian, k, White, etc. IHITE
日日	15. DECEDENT'S EDUCAT (Specify only highest grade co	TON 16st mpleted)	DECEDENT'S U	SUAL OCCUPATIO	t of working	16b. KIND OF BUSINES		HILE
Ë	H	College (1-4 or 5 +)	me. Do NOT use	retired.)	o working			
COMPLET	12 17. FATHER'S NAME (First, Middle, Lest)	P	HOTOGRA	PHER		FEDERAL G		ENT
C	LEVI WOODBURY STOD	מפאח				IE (First, Middle, Maiden Surna	me)	
BE BE	19a. INFORMANT'S NAME (Type/Print)	JAKD	19b. MAILING A	DDRESS (Street or		HERINE HART Oute Number, City or Town, Stell	n Zin Cada)	
TO BE COM	WILLIAM F. STODDAR	JR. (SON)				EENBELT, MARY		0770
ts De	20a METHOD OF DISPOSITION 1 XBuriel 2 Cremetion 3 Remove	20b. PLA	CEANDDATEOF	DISPOSITION (Nar			N — Cily or To	
Ē	4 Donetion 5 Other (Specify)	MT	Cremetory or other	T CEMET	ERY	9/10 WASHIN	GTON.	D.C.
examiner must	21. SIGNATURE OF FUNERAL SERVICE LICEN	See /			ADDRESS OF FAC	ILITY		
	Dly OC	Kun				LINS FUNERAL BLVD., W. SI		
CERTIFICATION	shock, pr heart failure. Lis iMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease pr injury that initiated events resulting in death) LAST	DUE TO (OR AS A COM	BLOW BEQUENCE OF):	almonary y lo L h	Edema Lince			intarvai Between Onset and Daath
AN: MEDICAL	PART II. Other significent conditions of	art I. 24s. WAS AN AUTOI PERFORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
SICI/		OSPITAL:		26. PLA	CE OF DEATH (Chec	k only one)		
HYS I	1 YES 2 NO 1	□ Inpetient 2 □ ER/Outpetien 28s. DATE OF INJURY	28b. TIME (5 Residence 6			
	1 Natural 5 Pending	(Month, Day, Year)	INJUR	TY WOR	K?	28d. DESCRIBE HOW INJURY	OCCURED	
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY — Ai building, etc. (Specify)	t home, term, atre			281. LOCATION (Street and Nu City or Town, State)	mber or Rural F	loute Number,
SE COMPLETED	290. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAL EXAMINER: (N: To the best of my knowledge.	, death occurred /or investigation,	at the lime, date a	nd place, and due to	o the cause(s) end menner as	s stated, to the cause(s) end manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO C	DOON 40	mo		D299	29d.	DATE SIGNED	(Month, Day, Year)
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR	Chec	46	leale	A.Mdo	201	70
	SEP 10 1991 Jul	a Davidson-Randa	R	*				

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20 1000 8 ■

1	1 - FOR STATE REGISTRAR		OLITTI		OF DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle,	NEAD RAY	SUMNER	SR.	-	2. DATE OF DEATH		3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 0 8.	AGE (In yrs. lest birthday	MONTHS DA	EAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
/	261-09-0288 9e. FACILITY NAME (If not institution,	give street and number)	84 YRS.		WN OR LOCATION OF D		1906	FLORIDA OF DEATH
EO.	HOLY CROSS	HOSPITAL			VER SPRING			GOMERY
ZECT.	10a. STATE 10b. C	OUNTY	10c. C	CITY, TOWN OR L	OCATION			10d. INSIDE CITY LIMITS?
DIRE	MARYLAND	MONTGOMERY		SILVER				1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 9710 CANEY	PLACE			101. ZIP CODE 20910			N OF WHAT COUNTRY?
3	11. MARITAL STATUS	12. WAS DECEDENT E			DECENDENT OF HISPA			I. RACE — American Indian,
BY F	1 Never Married 2 Merried 3 X Widowed 4 Divorced	FORCES? 1 IF YES, GIVE WAR			rs, specify Cuben, Mexico YES 2 NO Specif			Specify: WHITE
	15. DECEDENT'S (Specify only highest	S EDUCATION t grade completed)	18a, DECEDENT	T'S USUAL OCCU	PATION on most of working	16b. KIND OF BI	JSINESS/INDUS	STRY
	Elementary/Secondary (0-12)	College (1-4 or 5+)	27	inet may	ng most of working			
COMPL	12 17. FATHER'S NAME (First, Middle, Le	ent)	MANAGE	ER	10 MOTHER'S M	SUPERI AME (First, Middle, Meide		
S I	JAMES EDWAR				DAISY	MILDRED	RAY	
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILI	ING ADDRESS (S	treet end Number or Rural			ode)
2	NEAL RAY SUMNE	R, JR. (SON)) 9710	O CANEY	PLACE, SI	LVER SPRIM	NG, MAR	YLAND 20910
	20e, METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 7	Removal from State	20b. PLACE ANO Of of cemetary, cremate			OATE 20c. L	OCATION — CIT	y or Town, State
	1 Dolunt	S Sun		²² 500 FR.	UNIVERSI ANCIS J. C	TY BLVD., OLLINS FUN	W., SI VERAL H	L. SP., MD 2 NOME, INC.
	23. PART I. Enter the disease shock, or heart fel IMMEDIATE CAUSE (Final disease or condition resulting in death)	a, or complications that colliure. List only one cause	on aach lina.	FR.	ANCIS J. C	OLLINS FUN	NERAL H	
ERTIFICATION	shock, or heart fai IMMEDIATE CAUSE (Final disease or condition	a, or complications that colliure. List only one cause a		FR. To not antar the E OF):	ANCIS J. C	OLLINS FUN	NERAL H	OME, INC. Approximata Interval Betw
: MEDICAL CERTIFI	shock, or heart fell IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a, or complications that colliure. List only one cause a	R AS A CONSEQUENCE	FR. To not antar the E orp: E orp: E orp:	ANCIS J. C a mode of dying, suc Menumia Ifyling cause given in	OLLINS FUN the ae cardiac or real the part I. 24e. WAS A	NERAL H	IOME, INC. Approximata Interval Betw Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do
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TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be nettined at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.
he funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely to in by the funeral director, page 5 should be detached
r death. Page 5 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death centificate be executed within . Surs after death. Page 6 miles we retained by the house
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

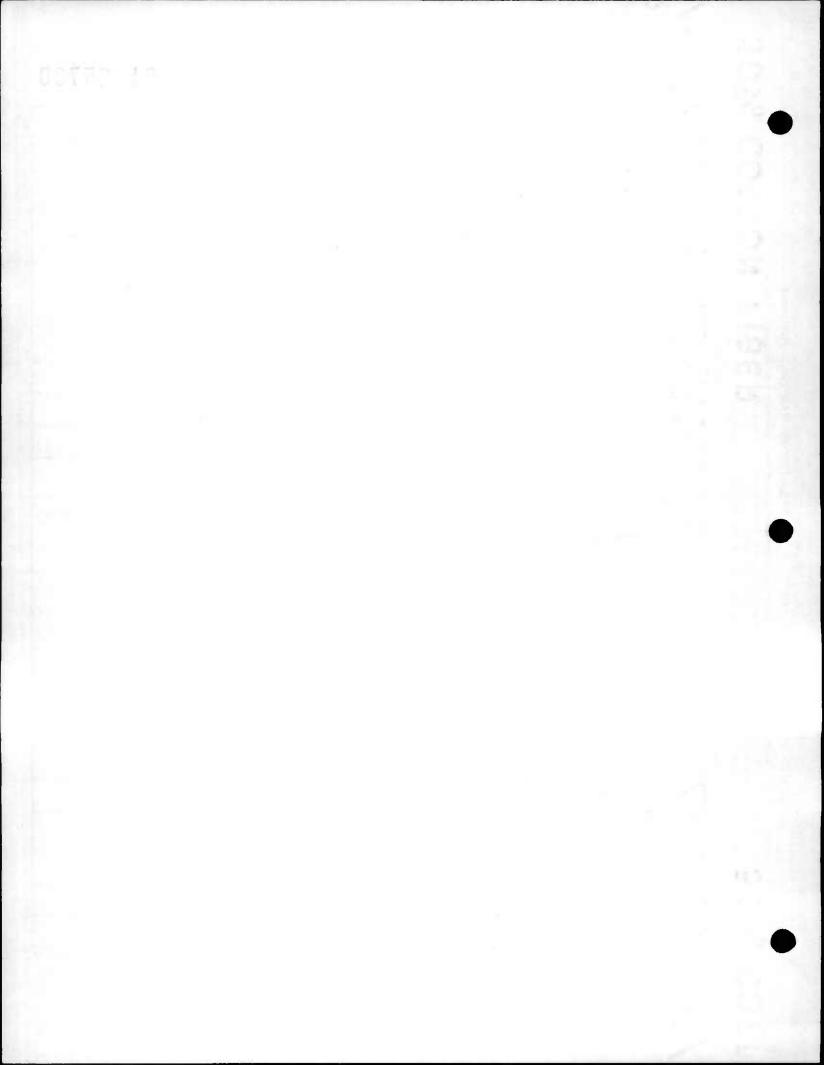
	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF			REG. NO.			
	1. OECEOENT'S NAME (First, Middle, Last)	spiegel	Elizabe	th Spi	.egel		2. DATE OF DEATH		YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 071-32-5099	6. SEX 6. AGE ((In yrs. last birthday) 91 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	MIN	7. DATE OF BIRTH (Month, Day, Year) July 22, 1	900	8. BIRTHPL Country)	ACE (State or Foreign
	9e. FACILITY NAME (If not institution, give street			9b. CITY, TOWI					NTY OF DEA	
2	Hebrew Home of Gre	ater Washin	gton	Rocky	ille			Мо	ntgom	ery
JINE	Maryland Montg	IOMERY		CKVILLE						Od. INSIDE CITY LIMITS? YES 2 Y NO
AL.	10e. STREET AND NUMBER	Office y	I NU		10f. ZIP CODE	5		10g. CITI		AT COUNTRY?
NE	6121 Montrose Road		NILLO ADMED	45 490 5	FORMBRIT OF		0852		ted S	
BY PU	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes,		, Mexican,	C ORIGIN? (Specify Yee Puerto Rican, etc.)	or No-	Specify:	American Indian, White, atc.
EIED	15. DECEDENT'S EDUCA (Specify only highest grade co	ompleted)	15e. DECEDENT'S (Give kind of life. Do NOT un	work done during		,	18b. KIND OF BUS	INESS/INC		
₹	Elementary/Secondary (0-12)	College (1-4 or 5+)		maker			Own Ho	me		
COM	17. FATHER'S NAME (First, Middle, Last)						E (First, Middle, Meiden			
D BE	Jacob Katz 190. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADORESS (Street			(Unavaila		Code)	
4	Jerome Steffens						sville, PA		518	
1	20a. METHOD OF DISPOSITION 1	al from State	other place) UDUTDAN	sition (Name of Cremat.c	cemetery, cremi	atory or			nring	, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICEN			22. NAME	ANO AOORES		LITY			, narytana
	> Ellen &	V. Kaj	4	933	Gist /	4venu	Services, Je, Silver	Spr	ing, /	MD 20910
	23. PART I. Entar the diseases, or co shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition	lat only one cause on a	ech line.		noda of dyle	^	ss cardiac or respi		rest,	Approximate interval Between Onset and Death
	resulting in death) a.	Recurred to OR AS		4	1011		1001.101	1100		acomp
S	Sequentially list conditions, b.	DUE TO (OR AS /	- Inf	farit	De	me	ntia			
HIFICALION	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Athero	Scherce	Au	Hea	of	Diseas	سعر	,	
	that initiated eventa resulting in death) LAST	Di S M	A CONSEQUENCE O	F):						
2	PART II. Other significent conditions	contributing to death it	out not resulting	in the underly	ina ceuse a	iven in P	ert I. 24s. WAS AN	ALITOPSY	24b. W	VERE AUTOPSY FINDINGS
3	Breast Cancer	x tens years	, 5ch	izoph	Penin	dxl		MED	A C	WAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH?
MEL	Pardive Dystinesi	a) Hutt	up frai	tim's	115. aq	Ö	_			YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DE	EATH (Chec	ck only one)			
101	1 TES 2 THO	HOSPITAL: 1 Inputient 2 ER/Out					Other (Specify)			
2	27. MANNER OF DEATH 1 Netural 8 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	JURY	INJURY AT WORK? YES 2		28d. DEŞCRIBE HOW II	VJURY OC	CURED	
IED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe	Y — Al home, farm,	street, factory, o	Mice		28f. LOCATION (Street e City or Town, State)	nd Number	r or Rural Rou	rte Number,
JMPLEIE	one)	AN: To the best of my know: On the beste of examination								and menner se stated.
3	296. WATURE AND TITLE OF CERTIFIER	0 m	0			NSE NUME		29d. DAT	E SIONED (A	forth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO			Print)	D	355	77	•	916	199
	Susun J. Miller		Yew Hom		man	rose	Pl, ex	لأنبار	e m	0 20852
	SFP 1 0 91 Std	32 DEGISTRAR'S SIGN	NATURE DE LE CONTRACTOR DE LA CONTRACTOR						-	
- 1	00 11101	1								

91 65707

31. DATE FILED (Morith, Day, Year)
SEP 05

	1 - STATE REGISTRAR				CERTIF	ICAI					REG. NO).		
	1. DECEDENT'S NAME (First, Midd	idle, Last)									OF OEATH			3. TIME OF DEATH
		F	Austin E	E. S.	late					AUGU	ust 31	. 199	YEAR	2:45 A M
1	4. SOCIAL SECURITY NUMBER		6. SEX	6. AGE (In	yrs. last birthday)		R 1 YEAR	IF UNDER		7. OATE	OF BIRTH h, Day, Year)		8. BIRTH	HPLACE (State or Foreign
	578-16-2806		1 💢 M 2 🗆 F	8	5 YRS.	MONTHS	DAYS	HOURS	MIN.	Feb	. 18,	1906	Peni	nsylvania
	9a. FACILITY NAME (If not instituti	lion, give str	reet and number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF DE	EATH		9c. COUN		
8	Sylvan Manor	Hea]	lth Care	Cente	er	Si	Silver Spring Montgomery							
등	RESIDENCE OF DECED	L COUNTY			40- 01	Di Toma	OR LOCATION							
=			ce Georg	oto			Hill							10d. INSIDE CITY LIMITS?
2	10e. STREET AND NUMBER	LITH	ce deory	6 8		XUII		. ZIP COD	-			140-01717		1 TYES 2XXNO
RA	6806 Haven Av	VODUC					10	i. ZIP COD	207	1E				
FUNERAL DIRECTOR	11. MARITAL STATUS	VEITUE	12. WAS DECEDEN	T EVED IN I	I O ADMED	149	Wile DEC	ENDENT /			N? (Specify Ye			States
교	1 Never Married 2 Marr	ried	FORCES? 1	XX YES	2 NO	"	If yes, sp	ecity Cube	n, Mexica	in, Puerto	Rican, atc.)	HI OF NO-		E — American Indian, k, White, etc.
ВУ	3 Widowed 4 Divorced	ı	WW		ES		1 YES	2 X NO	Specify	у:			Spec	White
8	15. OECEDEN	NT'S EDUC	ATION		6a. OECEDENT	USUAL (OCCUPATION	DN		166	. KIND OF BU	JSINESS/INO	USTRY	WILDC
Щ	(Specify only high Elementary/Secondary (0-12)		College (1-4 or 5	-)	(Give kind of life. Do NOT	work done use retired.	during mo	est of worldi	ng					
ם	12				Paint	er				U	. S. (Govern	men	t
COMPLETED	17. FATHER'S NAME (First, Middle,	, Last)						16. MOT	HER'S NA	ME (First,	Middle, Maide	n Surname)		
BE C	Bernard		Slate					Be	rtha	(Una	vaila	ole)		
	19a. INFORMANT'S NAME (Type/P	Print)			19b. MAILIN	G ADDRES	SS (Street a	and Number	or Rural	Route Num	ber, City or To	wn, State, Zip	Code)	
2	Dorothy Slat	te			6806	Have	en A	venue	e, (Oxon	Hill,	MD 2	0745	5
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3	2 Dame	uml tunen Otata		PLACE OF DISPO				natory or		20c. L	OCATION —	Ity or To	own, State
	4 Donation 5 Dother (Spec	ic/fy)	Will from State	Si	iburban	Cre	mato	ry		Silver Spring, Marylar			ng, Maryland	
	21. SIGNATURE OF PUMERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Rapp Funeral Services, P. A.													
	10	11:	R Ph		MUUBS.	, K	app i	unei	Sat :	serv	ices,	P. A.	na	MD 20010
	23. PART Finter the disease	MO0827 933 Gist Avenue, Silver Spring, MD 2 23. PART Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, App.												
		ises, or c	omplications the	t caused t										
	ahock, or heart	ses, or c fallure. L	omplications the List only one cau	t caused t	the death. Do									Approximata Interval Between
	ahock, or heart IMMEDIATE CAUSE (Final disease or condition	ises, or c : fallure. L	omplications the	t caused to	the death. Do									Approximate
	ahock, or heart IMMEDIATE CAUSE (Final	ises, or c fallure. L	List only one cau	YR A	the death. Do	not anta	r the mo	oda of dy	Ing, suc	th as can	diac or rea			Approximata Interval Between
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BY PHYSICIAN: MEDICAL	ahock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent c 25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pend 2 Accident 3 Suicide 6 Coul 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDICAL	EDICAL EXAMINED	DUE TO DU	(OR AS A C (OR AS A C	the death. Do th line. Consequence of the conseque	OTHE A No.	andariyin 26. PER: analog Hon 28c. IN. 1 □ ctory, office	g cause	given in	Part I. Beck only or B Oth 28d. DE 28f. LOCChy	24a. WAS A PERFC 1 U YES ne) ar (Specify) \$CRIBE HOW CATION (Street or Rown, State uuse(a) and muse(a)	N AUTOPSY PRIMED? 2 [X] NO INJURY OCC	24k	Approximata interval Between Onset and Death Onset and D
E COMPLETED BY PHYSICIAN: MEDICAL	ahock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent c 25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pend 2 Accident 3 Suicide 6 Coul 4 Homicide 29a. CERTIFIER (Check only) CERTIFYIII	EDICAL EXAMINED	DUE TO DUE TO	(OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C (OR AS A C	the death. Do th line. Column to the line	OTHE A No.	andariyin 26. PER: analog Hon 28c. IN. 1 □ ctory, office	g cause	given in DEATH (Ch seldence NO	Part I. Part I. 28d. DE 28f. LOCky a to the ce time, det	24a. WAS A PERFC 1 U YES ne) ar (Specify) \$CRIBE HOW CATION (Street or Rown, State uuse(a) and muse(a)	N AUTOPSY PRIMED? 2 [X] NO and Number es atata and due to the	24t 24t cureD or Fursi	Approximata interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death
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E COMPLETED BY PHYSICIAN: MEDICAL	ahock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent c 25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pend 2 Accident 3 Suicide 6 Coul 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDICAL	epical ding etigation aid not be armined EXAMINET	DUE TO DU	(OR AS A CO (OR AS A CO) (OR AS A CO) (OR AS A CO) (OR AS A CO) (OR AS A CO) (OR AS A CO) (OR AS A CO) (OR AS A CO) (OR AS A CO) (OR AS A CO) (OR AS A	the death. Do th line. Consequence of the conseque	OTHE OF LIVING ME	indarlyin 26. P. 28c. IN. W. 1 ctory, officery, officery, officery, officery, officery, opinion, opini	g cause LACE OF E TORK? YES 2 [Tork	given in DEATH (Cheeldence NO a, and due red at the ENSE NULL Cheeldence	Part I. Part I. Beck only on B Othin 28d. DE 281. LOCCHY The can be time, date	24a. WAS A PERFC 1 YES 1 SCRIBE HOW CATION (Street or Rown, Shall use(a) and m a and place, a	N AUTOPSY PRIMED? 2 (X NO INJURY OCC and Number b) AU 29d. DATE AU	24t 24t cureD or Fursi	Approximata interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death

32. REGISTRAR'S SIGNATURE
Lika Savidna Banda 10



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-flours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as it be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
The law requires that the de	te has been signed by the a rte Dept, of Health and Ment	em 23 shows any injury	
THE HOSPITAL DR ATTENDING PHYSICIAN:	THE FUNERAL DIRECTOR; After this certifical fled within 72 hours after death with the St.	APORTANT: If item 28 is marked, or ite	
-	- 0	-	

FOR 1 - STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND	MENTAL HYGIEN	E 91	23109	
1. DECEDENT'S NAME (First, MI	h Eugen	- 5	revens.	2. DATE OF DEATH MONTH DA	-91	6-30 K H	
4. SOCIAL SECURITY NUMBER 240-07-2657 86. FACILITY NAME (# not institu	1 M 2 F	78 YRS. 9b. CI		7. DATE OF BIRTH (Month, Day, Year) APRIL 1,	Cor	RTHPLACE (State or Foreign Unity) ORTH CAROLINA F DEATH	
15107 IN	TERLACHEN DRIV	E, #1026	SILVER SPR	ING	MONTO	GOMERY	
10a. STATE 10	MONTGOMERY	10c. CITY, TOWN				10d. INSIDE CITY LIMITS?	
100. STREET AND NUMBER	MONIGOMERI	SIL	VER SPRING		10g, CITIZEN O	1 YES 2 NO	
Too. STREET AND NUMBER 15107 INT 11. MARITAL STATUS	ERLACHEN DRIVE,	1026	20906		USA		
3 Widowed 4 Divorce		2 NO	3. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Speci	an, Puerto Rican, etc.)	8	ACE — American Indian, leck, White, etc.	
15. DECEDI (Specify only his Elementary/Secondary (0-12) 1 2 17. FATHER'S NAME (First, Middle)	ent's EDUCATION pheat grade completed) College (1-4 or 5+)	16a. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retired HOMEMAKER	OCCUPATION se during most of working 1.)	16b. KIND OF BUS	BINESS/INDUSTR	Y	
17. FATHER'S NAME (First, Middl			1-241111-000	AME (First, Middle, Meiden	Surname)		
JOSEPH J	ACKSON EASON	105 MARING ADOD	ETTIE	LAVERA			
0	STEVENS (HUSBANI					20,000	
20s. METHOD OF DISPOSITION 1 ST Buriel 2 Cremation 4 Donation 5 Other (Sc 21. SIGNATURE OF FUNERAL S	3 Removal from State	ATE OF HEAV	Name of commency cremetory or EN CEMETERY 12. NAME AND ADDRESS OF F ANCIS J. COLI O UNIVERSITY	STI ACILITY LINS FUNERA	L HOME,	RING. MARYLANI	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list condition if any, leading to immediacause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A		ante	thum a	2120	Interval Between Onset and Death	
PART II. Other significant	conditions contributing to death b	ut not resulting in the	underlying cause given in	1 Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO A	HOSPITAL:	- Low	26. PLACE OF DEATH (C	theck only one)			
25. WAS CASE REFERRED TO A EXAMINER? VES 2 NO 27. MANNER OF DEATH 1. Natural 6 Pe	1 Inpetient 2 ER/Outp	28b. TIME OF INJURY	28c, INJURY AT WORK? 1 YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURE	D	
3 Suicide 6 Co	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, street,	lactory, office	281. LOCATION (Street City or Town, State)	Street and Number or Rurel Route Number, State)		
100000000000000000000000000000000000000	TING PHYSICIAN: To the best of my know L EXAMINER: On the bests of examination					se(a) and manner sa stated.	
M 296. SIGNATURE AND TITLE OF	Carolin .	NO)	29c LICENSE N	IMBER 8546	29d. DATE SIGN	NED (Month, Day, Year)	
30. NAME AND ADDRESS OF P		8	5-18 a	riscons	BETH DIN	solo wel.	
SEP 04	91 Julia Davi	Wor-Randelle					

200 A 100 A 100 A

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC	MENT OF HEALTH A	ND MENTAL HYGIE		20100
		EPH E.	Sole	er?		DAY YEAR	3. TIME OF DEATH M
)	4. SOCIAL SECURITY NUMBER 562-54-2293	1 🖔 M 2 🗆 F	84 YRS. "		MIN. (Month, Day, Year)	Count	IPLACE (State or Foreign Y). ZONA
стоя	9a. FACILITY NAME (If not institution, 9 11226 Che y RESIDENCE OF DECEDENT	ryroad		Beltovill		Prince	George's
DIRECTOR	10a. STATE 10b. COU	ince George		TOWN OR LOCATION Beltu; 11+			10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ NO
FUNERAL		HILRoad		101. ZIP CODE 2070		10g. CITIZEN OF V	STATES
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 X YES IF YES, GIVE WAR OR D. WW II AND KO	2 NO ATES	If yes, specify Cuben,	HISPANIC ORIGIN? (Specify Y. Maxican, Puarto Ricen, atc.) Specify: SPAIN	na or No- 14, RACE	— American Indian, c, White, atc.
COMPLETED	15. DECEDENT'S (Specify only highest g Elamentary/Secondery (0-12) 1 2	College (1-4 or 5+) UNKNOWN	16a. DECEDENT'S US (Give kind of wo life. Do NOT use MECHAN	k done during most of working retired.)		USINESS/INDUSTRY	BLY PLANT
	17. FATHER'S NAME (First, Middle, Last) JOSEPH SOLER				S NAME (First, Middle, Melder		DLI PLANI
TO BE	19a. INFORMANT'S NAME (Type/Print) M.A. HTNTON			DDRESS (Street and Number or			
	20a. METHOD OF DISPOSITION 1 Burlai 2/E/Cramation 3 B	temoval from State		CAPITOL ST.		D.C. 203	
	4 Donation 6 Other (Specify) 21. SIGNATURE OF PUNERAL SERVICE	N	ETROPOLIT	AN CREMATORY	9-11-91 OF FACILITY COLONIZ	ALEXANDR'	IA, VA.
	· 1) Hare>	Shirt		0101 LEESBU	IRG PIKE FALI	LS CHURCH	, VA. 22044
	23. PART I. Enter the diseases, ahock, or heart failu iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO (OR AS A	ech iina.				Approximata Interval Between Onset and Death
CERTIFICATION	Sequantially list conditiona, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):	the Courds.	a valuitar	,seare	
ERTIFI	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):				
SICIAN: MEDICAL O	PART II. Other algnificant condit	ions contributing to death be	ut not reaulting in	tha undarlying cause give	on in Part I. 24a. WAS AN PERFO	RMED?	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEAT	H (Check only one)		
BY PHYS	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	1 Inpatient 2 ER/Output	28b, TIME C	WORK? M 1 YES 2 N	26d. DESCRIBE HOW	INJURY OCCURED	
	3 Suicide 6 Could not 0 4 Homicide determined		— At home, tarm, stre	et, fectory, office	281. LOCATION (Street City or Town, State	and Number or Rural Ri	oute Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PH 2 MEDICAL EXAM	YSICIAN: To the best of my knowled	edge, death occurred a and/or investigation, i	nt the lime, deta and placa, and my opinion, deeth occured o	d dua to the cause(a) and me it the time, data and place, ar	nner as stated.	end manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIF	WHO COMPLETED CAUSE OF DEA	in mine		1852	29d. DATE SIGNED	
	0 . 1 . 1	ALZINA 4 203 32. REGISTRAN'S STGMM GUMAN SOCIAL	Queens	bury Reft	lyathrille	MD Ze	1800
		0					

		REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	C ++		ICATE OF	DEATH	2. DATE OF DEAT	TH DAY Y	3. TIME OF DEATH
1		James Ed	gar Smit	n yrs. leat birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	30 9	BIRTHPLACE (State or Foreign
) ()		264-14-8967		69 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Ye	ar)	Country) Florida
1		9a. FACILITY NAME (If not institution, give str	eet and number)			OR LOCATION OF OR		9c. COUNTY	
	Pa.	NAVAL AIR STATION	HOSPITAL		PATUXEN	VI RIVER		St.	Mary's
	DIRECTOR	10a. STATE 10b. COUNTY	Mary's		Y, TOWN OR LOCAT	rdton	n		10d. INSIDE CITY LIMITS? 1 YES 2 NO
	FUNERAL	10e. STREET AND NUMBER	Route		101	2065	50	10g. CITIZE	S F
	≥ N	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	CENDENT OF HISPAN pecify Cuban, Maxica 3 2 NO Specif	n, Puerto Rican, et		Black, White, etc. Specify: WHITE
	ETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	(Give kind of	USUAL OCCUPATION	ON ost of working	16b. KIND O	F BUSINESS/INOUS	
	F	Elementary/Secondary (0-12) 12TH GRADE	College (1-4 or 5+)	ELECT	RICIAN		U.	S. GOVER	NMENT
once.	COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, M		
76	ш	JAMES EDWARD	SMITH			ELIZA	ABETH SI	HIELDS	
	0	19a. INFORMANT'S NAME (Type/Print)	Tell Dw-1			and Number or Rural			
be n		ALICE P. SMITH 20a. METHOD OF DISPOSITION	200		RT. 71M,	LEONARD			
must		1X Burial 2 Cremation 3 Remo	vet from State	other place)	RANS CEMI			E. LOCATION CH	M. MARYLAND
		21. SIGNATURE OF FUNERAL SERVICE LICE	-	· VLILI	22. NAME A	NO ADDRESS OF FA	CILITY		
examiner		Muchaela	E Kland	Perio.		NGLEY-GAI			
medical		23. PART /. Enter the diseases, or c	omplications that caused	the deeth. Do	not enter the mo	ode of dylng, suc	h se cerdlec or	respiratory srres	RYLAND 20650
		ehock, or heart failure. I	list only one ceuse on ea	ach line.	į	, 1	~/		Onset end D
rent, the		disease or condition resulting in death)	Conges	hive	hens	t ta	elure	_	18h:
60			OUE TO OR AS A	CONSEQUENCE O	00	1	1		P
traumatic	CATION	Sequentially list conditions, if sny, lasding to immediate	DUE TO (OR AS A	CONSEQUENCE O	FI:	cemp	my sem	12)	omi
	CAT	ceuse. Enter UNDERLYING CAUSE (Disease or Injury				,			
other	RTIFIC	thet initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):				
-	CER	Total III dodny Exor	l						
	d H	PART II. Other algnificant condition	contributing to death b	ut not resulting	In the underlyin	ig ceuse given in		AS AN AUTOPSY ERFORMED?	24b. WERE AUTOPSY FINDS AMILABLE PRIOR TO
amy in	MEDIC						1 D Y	ES 2 NO	OF DEATH?
	M								1 TYES 2 NO
2	Z I	25. WAS CASE REFERRED TO MEDICAL			28 P	LACE OF DEATN (C)	early and		
Hem	SIC	EXAMINER?	HOSPITAL:	etlent 3 DOA	OTHER:	ne 5 🗆 Residence		v1	
0	PHY	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b, TIN	E OF 28c. IN.	JURY AT ORK?		OW INJURY OCCU	RED
	BY	1 Natural 5 Pending 2 Accident Investigation	(World, Day, Your)			YES 2 NO			
80		3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	- At home, farm,	street, factory, offic	CB	281. LOCATION (S City or Town,		Rural Route Number,
0 64	2	onel	CIAN: To the best of my know						
If Item 28 i	₹ 11	2 MEDICAL EXAMINE	R: On the basis of examination	n and/or investigation	on, in my opinion, o	death occured at the	time, data and pla	ce, and due to the	cause(a) and manner as state
2 =	COMPLET	4				1			
PORTANT: If	BE COM	296. SIGNATURE AND STITLE OF CENTIFIER	LCDI	e mc	ASWR	RT 157	MBER	29d. DATE 8	SIGNEO (Month, Day, Year)
PORTANT: If	шИ	4	COMPLETED CAUSE OF DE	ATH /ITEM 27) /Key	Defect)	BT 150	5585	108	3 30 91

12 gratis

DHMH-18 Rev 1/89

	REGISTRAR	CERTIFI	CATE O	F DEATH	REG. NO			
BE COMPLETED BY FUNERAL DIRECTOR	1. DECEDENT'S NAME (First, Middle, Last) Albert Edward Ver	coon	Sau	mers	2. DATE OF DEATH	1 / YEAR	3. TIME OF DEATH	
	217-05-1196 ¹⅓м₂□ғ	(In yrs. lest birthday) 79 YRS.	MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year)	1911 MA	**	
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PESIDENCE OF DECEDENT 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH							
	MARYLAND ST. MARY'S	, TOWN OR LOC	LIMITS?			10d. INSIDE CITY LIMITS?		
	MARYLAND ST. MARY'S VA		LLEY LE	101. ZIP CODE		1 ☐ YES 2 🔀 NO		
	STAR RT. BOX 132			20692			U.S.A.	
	11. MARITAL STATUS 1 Never Married 2 X Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES		If yes,	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yill Yea, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 X NO Specify:			14. RACE — American Indian, Black, Whita, etc. Specify: WHITE	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12TH GRADE 16a. DECEDENT'S U (Give kind of wo			done during most of working kired.)				
	12 IT GRADE PLUMBER 17. FATHER'S NAME (First, Middle, Last)			U.S. GOVERNMENT 18. MOTHER'S NAME (First, Middle, Meiden Surneme)				
	WILBUR WESLEY SAUNDERS			JANIE FISH SANNER				
5	19a. INFORMANT'S NAME (Typo/Print) ELIZABETH V. SAUNDERS				Route Number, City or Tow		00600	
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of						20692 Town, Stata	
	1 XBurial 2 Cremation 3 Ramoval from State 4 Donation 5 Other (Specify) ST. GEORGE'S CATHOLIC CEM 9/7/91 VALLEY LEE, MA 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY						EE, MARYLAND	
	Muchael Hardy	ner	MATT	'INGLEY-GA	RDINER FUN LEONARDIC			
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Batween Onset and Death Disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERTYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):							
	PART II. Other significant conditions conflicting to death be considered to the conditions conflicting to death be considered to the confliction of the confliction o	ut not resulting in	the underlyi	ng cause given in	Pert I. 24s. WAS AN PERFOR	IMED?	b. WERE AUTOPSY VINDHIGS MARIABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?	
	26. WAS CASE REFERRED TO MEDICAL EXAMINERT 1 YES 2 NO							
	27. MANNER OF DEATH 1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	Ing (Month, Day, Year) HAURY WORK?						
	3 Suicife & Classical Stee PLACE OF INJURY					281. LOCATION (Street and Mumber or Rural Route Mumber. City or Revn. State)		
	29s. CERTIFIER (Check only 2 MEDICAL EXAMINER: Or The Chair of susmination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29s. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, War)							
٩	30. NAME AND ADDRESS OF PERSON WITH COMPLETED CAUSE OF DEATH (ITEM X) (Type Pring) 21. DATE FILED (Morely, Day, Mari) 1. DATE FILED (Morely, Day, Mari) 1. DATE FILED (Morely, Day, Mari) 1. DATE FILED (Morely, Day, Mari)							
	SEP 06 91	Contract						

TO THE HOSPITAL OR ATTENDING PRINCIAN. The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burist-transit permit. Pages 1, 2, the field within 72 hours after death with the State Dept. of Health and Mental Hygene prior to thurst, certaining, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumable event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

VEAG

9c. COUNTY OF DEATH

1991

3. TIME OF DEATH

9:20 P.M.

10d. INSIDE CITY 1 YES 2 X NO

8. BIRTHPLACE (State or Foreign

WASHINGTON.

ST. MARY'S COUNTY

10g. CITIZEN OF WHAT COUNTRY?

WHITE

U.S.A.

14. RACE — American Indien, Black, White, atc.

2. DATE OF DEATH

7. DATE OF BIRTH

SEPT

10

4. SOCIAL SECURITY NUMBER

IF UNDER 1 YEAR

IF UNDER 24 HRS.

6. AGE (in yrs. last birthday)

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO 1 TYES 2 NO

VIRGINIA

Approximeta

Interval Between Onset and Death

29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due

296. SIGNATURE AND TITLE OF CERTIFIES 29d, DATE SIGNED /Month, Day Year

38, NAME AND ADDRESS OF LEONARDTOWN, MARYLAND 20650 JAMES (BOYE D.

31. DATE FILED (MORE) ndelle 3 '91 SEP 1

TO THE HOSPITAL OF THE FUNERAL DE FILED WITHIN 72 HO

BE 2

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HY	GIENI
REGISTRAR	CERTIFICATE OF DEATH RE	G. NO.

	7/2		REGISTRAR		CE	RTIFIC	CATE O	F DEATH	RE	G. NO.		
۵	ſ		1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DE	DAY	YEAR	3. TIME OF DEATH
		1	WILLIAM GUY			GLE /			AUGUST	21,19		6.02AM M
	(D	V	4. SOCIAL SECURITY NUMBER 224-40-3311	5. SEX 6.	AGE (In yrs. lest		IF UNDER 1 YEAR		7. DATE OF BIF (Month, Day, NOVEMBE	Year)	Counti	PLACE (State or Foreign reeneville, T
	A Poor	11	9a. FACILITY NAME (If not institution, give str			1		N OR LOCATION OF DE	ATH		JNTY OF D	
145	-	<u>ا</u> ا	PHYSICIANS MEMO	RIAL HOSP	ITAL		LA	PLATA			HARL	ES
M.	- E	5.4	10s. STATE 10b. COUNTY			10c. CITY,	TOWN OR LO	CATION				10d. INSIDE CITY LIMITS?
motus	ei ei		Maryland Charl	.es		Indi	ian He	ad				1 YES 2 NO
	permit.	ERAL	10e. STREET AND NUMBER					10f, ZIP CODE		1007/101		WHAT COUNTRY?
	an. transit	Ä	1603 Strauss Ave.	12. WAS DECEDENT E	WED BUILD AN	1450	1 40 400	20640 DECEMBENT OF HISPAN	NC ORIGINIS (Co.		J.S.A	
3146	or attending physician, r use as the burial-transit	BY FUN	1 Never Married 2 Married 3 Widowed 4 Noivorced	FORCES? 1 XI IF YES, GIVE WAR Korean C	YES 2 NO OR DATES	10	If yes,	, specify Cuban, Mexica YES 2 X NO Specify	n, Puerto Rican,		Spec Whi	
03-	r attend use as		15. DECEDENT'S EDUC (Specify only highest grade	ATION	16a. DE:	CEDENT'S U	ISUAL OCCUP	ATION most of working	16b. KIND	OF BUSINESS/IN	IDUSTRY	
212	E &	9	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIo.	Do NOT use	retired.)		11 6	Marra 1	Ordi	nance Static
9	be detached for at once.	COMPLETED	12 17. FATHER'S NAME (First, Middle, Last)		Ins	STLUIII	ent Me	chanic			_	.nance stated
Z	be de	_ 11	Fred Slagle, Sr.							nita Fi		
HY	5 should notified	H	19a. INFORMANT'S NAME (Type/Print)		190	MAILING /	ADDRESS (Stre	eet and Number or Rural	Route Number, Ch	y or Town, State, 2	(ip Code)	32211-3100
ž		유	Deborah L. Bird			3239-	A Burb	on Alley V				
ORE,	e 6 may ector, pa must b	1	20a-METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 Remote 4 Donation 5 Other (Specify)		other ple	ece)	on Cem	etery		20c. LOCATION - Greenev		
ALT	funera xami		21. SIGNATURE OF THERAL SERVICE LIC	1 A			Ki	ser Funera Main	al Home		11e,	TN.
B	ours after of in by the or removal.		23. PART I. Enter the diseases, or cahock, or heart reliure.	List only one cause	on each line	14	ot anter the	mode of dying, suc	h as cerdiac (or respiratory a		Approximate Interval Between Onset and Death
6,	ted within 2. on completely filled ial, cremation, o		disease or condition resulting in death)	ADEN O	R AS A CONSE	OUENCE OF	Jom,	A OF	40	NB		
	e be executed within sician and completely nor to burial, cremat traumatic event,	MOIT	Sequentially list conditions, if any, leading to immediate	MET	A S T	AT	C -	TO BR	-IÀN			I mone
O. BOX	certificati ding phys lyglene p	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (O	R AS A CONSE	QUENCE OF):					
٥.	the death y the atten of Mental H Injury, or		Damer II. Out and a second later				- Ab		Bud Lan	WAS AN AUTOPS	v T.	b. WERE AUTOPSY FINDINGS
SQ	the part	EDICAL	PART II. Other significant condition	in courupating to a	eath but not i	resulting II	n tha under	lying cause given in		PERFORMED?	24	AMAILABLE PRIOR TO COMPLETION OF CAUSE
RECORDS	equires en sign of Healt	Σ							_ '	YES 2 NO		OF DEATH? 1 YES 2 NO
	law law L	AN	25. WAS CASE REFERRED TO MEDICAL				2	6. PLACE OF DEATH (C	heck only one)			
VITAL	上 智慧 五	SICI	EXAMINER?	HOSPITAL:	ER/Outpetient 3	DOA	OTHER:	Home 5 - Residence		ecify)		
OF	PHY this	BY PHYSICIAN:	27. MANNER OF DEATH 1. Natural 5 Pending Investigation	28s. DATE OF IN (Month, Day,		28b. Time	URY	WORK? YES 2 NO	28d. DESCRIE	E HOW INJURY O	OCCURED	
DIVISION	TTENDI TOR: A after d	OE .	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, et	INJURY — At he tc. (Specify)	ome, farm, s	treet, fectory,	office	28f. LOCATION City or To	N (Street and Num vn, State)	ber or Rural	Route Number,
5	TAL DR VAL DIRE 72 hour If Item	COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICAL EXAMINE	166								o(a) and manner as stated.
	TO THE HOSPI TO THE FUNEF be filed within	BE	290. SIGNATURE AND TITLE OF CERTIFIE	" Matt	tu	m)	29c. LICENSE M D-283		29d. 0	S -	D (Month, Day, Year)
		TO	30. NAME AND ADDRESS OF PERSON WE KRISHAN MURRI	MATHUR M.I	D. PEME	BROOKI	E SQUA	RE 5046 H	GHWAY	301 SO	UTH #	
			31. DATE FILESEPINE DO YOU'S	32. REDISTRAR	DRAM CONT	Mandel	73.					20603

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	the statement of the feet and see that the death certificate to even the death certificate to even the death of the death
OF VITAL	DINCIPIANT The las
DIVISION	CINICIPAL DO 187
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) Robert Jr. 10:359 7. DATE OF BIRTH (Month, Day, Year) 5-24-6 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign Country) -92-426 8 MONTHS DAYS HOURS MIN. 216 Virginia 9e. FACILITY NAME (If not institution, give 9b. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR 4750 Sands F Road Harwood Arundel Anne 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Annapolis 1 - YES 2 NO permit. 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 101. ZIP CODE page 5 should be detached for use as the burial-transit 21401 28 Oak Court Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ANO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cubsn, Mexicen, Puerto Rican, etc.) **TIMORE, MARYLAND 21203-3146** 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES 1 TYES 2 NO Specify Specify: В 3 Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT usa retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete) COMPLET Elementary/Secondery (0-12) College (1-4 or 5+) Fast Food Clerk notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Robert Lester Sutphin. Pauline Breeding BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Oak Court, Annapolis. MD 21401 auline Breeding pe 20e. METHOD OF DISPOSITION
1 2CBurlel 2 Cremetion 3 Res 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, State examiner must reeding funeral director, on 5 C Other (Specify) Cemetery Davenport. VA 22. NAME AND ADDRESS OF FACILITY Taylor Funeral Chapel 21401 147 Gloucester St. Annapolis MD removal. shows any injury, or other traumatic event, the medical 23. PART i. Enter the diseases, or complication shock, or heart failure. List only of that cousad tha death. Do not entar the mode of dying, such as cardiac or respiratory arrest, Approximata filled in by intarvai Between cause on aech iina. been signed by the attending physician and completely filled in bt. of Health and Mental Hygiene prior to burial, cremation, or i Onset and Death IMMEDIATE CAUSE (Finel mune Deficiency Syntrone disease or condition resulting in death) TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immadiata cause. Enter UNDERLYING CAUSE (Diseese Dr injury DUE TO (OR AS A CONSEQUENCE OF): thet initietad avants resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO 24s. WAS AN AUTOPSY MEDICAL COMPLETION OF CAUSE 1 TES 2 NO 1 | YES 2 | NO certificate has been the State Dept. of PHYSICIAN: item 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) 1 YES NO OTHER: 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY FUNERAL DIRECTOR: After this co within 72 hours after death with marked, Natural 5 Pending м 1 TES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 28 is 6 Could not be 4 Homicide COMPLET item ; 29e. CERTIFIER TO THE HOSPITAL

TO THE FUNERAL I

BE filed within 72 h

IMPORTANT: If II 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) end menner as stated 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Mear) BE 95 3 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDIT 1653 101 Won Berez MO cro av 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

Mintell .

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			META N.	SAKERS					DAY 9	1, 10,
	pin	į	4. SOCIAL SECURITY NUMBER 219 - 03 -0088	1 🗆 M 2 🌣 F	73 YRS. MONTHS		HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year Oct. 29	,1917	N. BIRTHPLACE (State or Foreign Country) Virginia
	20	Her	9a. FACILITY NAME (If not institution, give s ARUNA RESIDENCE OF DECEDENT	1 1/1			polis	ATH	A ST MAN	r of DEATH ne Arundel
,	C	DIREC	10a. STATE 10b. COUNTY	e Arundel	10c. CITY, TOWN					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
is:	m perm	FRAL	10. STREET AND NUMBER 7 Silverwood				21403			IN OF WHAT COUNTRY?
3146 ling physician.	the burial-tra	BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEOENT EVER I FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 NO	If yes, spe	ENDENT OF HISPANI acify Cuban, Mexican 2 NO Specify:	, Puarto Rican, atc.		4. RACE — American Indian, Black, Whita, atc. Specify: White
21203-3146 lal or attending phys	0, 0	LETED	15. OECEOENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEOENT'S USUAL (Give kind of work done life. Do NOT use retired.	e during mo	DN st of working		BUSINESS/INDU	
	9 5	COMPLET	17. FATHER'S NAME (First, Middle, Last)	4	Teache	er	18. MOTHER'S NAM	E (First, Middle, Mai	ic Sch	1001
MARYLAND retained by the hoso	9 E	TO BE	Walter P. Noc		19b. MAILING ADDRE		nd Number or Rural R			
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	be pe		John Edward S  20a. METHOD OF DISPOSITION 1 N Burlal 2 Cremation 3 Ram	20	7 Silves b. PLACE OF DISPOSITION (In other place)			20c	LOCATION — CI	•
BALTIMORE,			A Donation 5 Other (Specify)	EHSEE /	/	ayl	or Fune	ral Cha	pel	21401
BOX 13146,	physician and completely filled in the prior to burial, cremation, or rener traumatic event, the medi	CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Stanh to DUE TO (OR AS	d the death. Do not enta	r tha mo	da of dylng, auch	as cardiac or re	papiretory arres	st, Approximata Interval Between Onset and Daat
<b>o.</b> ∰	y the atten nd Mental F injury, or	MEDICAL CERT	PART II. Other algoriticant condition	dna contributing to death	but not resulting in the	undarlyin	g cause given in i	PEF	S AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
L RECO	been sign of, of Heal 3 shows	ä	25. WAS CASE REFERRED TO MEDICAL			26. PI	.ACE OF OEATH (Che	_		DF DEATH?  1 YES 2 NO
<b>S</b> IN S	ertifica the St	PHYSICIA	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Out 28a. DATE OF INJURY		ursing Hon	ne 5 Rasidenca	8 Other (Specify)		URED
		D BY P	1 Natural 5 Pending Investigation 3 Suicide 8 Could not be		INJURY M	1 🗆	PRK? YES 2 NO	28f. LOCATION (St	reet and Number o	or Rural Route Number,
DIVISION	DIRECTOR: Hours after tem 28 i	LETEC	4 Homicide determined	building, atc. (Spo		time date		City or Yown, S		
THE HOSPITAL	THE FUNERAL I filed within 72 h	COMPLETE	one) 2 MEDICAL EXAMIN	ER: On the basis of axaminati			leath occured at the t	time, data and plac	a, and dua to the	cause(a) and manner as stated.
THE OT	世 章 名	TO BE	29b. SIGNATORE AND TITLE OF CERTIFIE	olive M	0		D 1635	54	≥ 9d. DATE	SIGNEO (Month, Day, Year)
			30. NAME AND ADDRESS OF PERSON W	51 FRA	ANKLIN S	T	ANNA	POLIS	Md	2140/
			SFP 0 6 1991	Julia Davidson	Mandale					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

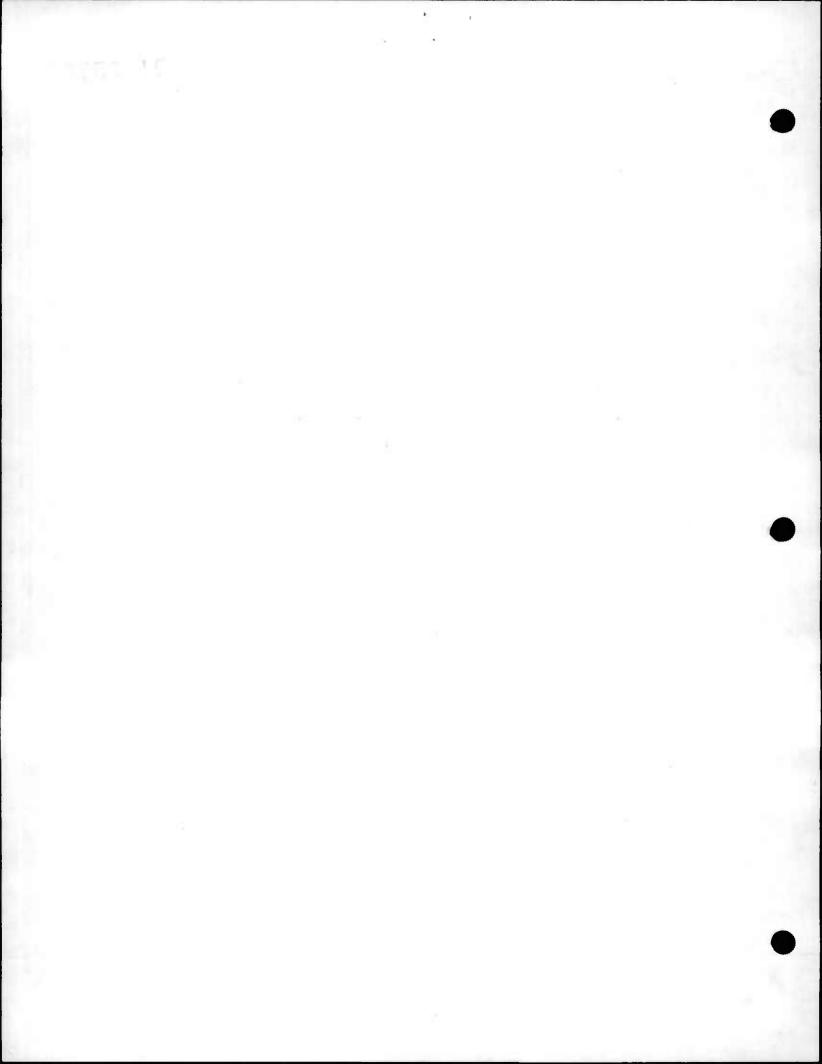
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	1. DECEDENT'S NAME (First, Middle, Last)	0		-	1	2. DATE OF D	EATH DAY	3. TIME OF DEATH
-		GEOR9	E	lay	lor	augu	1	791 07001
21	4. SOCIAL SECURITY NUMBER	. /	GE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day,		B. BIRTHPLACE (State or Foreign Country)
	213-14-1612	1) M 2 🗆 F	69 YRS.			JAN		MD.
4	9e. FACILITY NAME (If not institution, give s				OR LOCATION OF D	EATH		TY OF DEATH ICOMICO
RECTOR	RESIDENCE OF DECEDENT							
曹	ioe. STATE 10b. COUNT			TY, TOWN OR LOC	ATION			10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	COMACI	2	PAR	Of, ZIP CODE		l sa lawa	1 TES 2 -NO
FUNERAL	PE'N 1	PT13			2724/7	1	log. CITIZ	EN OF WHAT COUNTRY?
2	11. MARITAL STATUS	12. WAS DECEDENT EVI			ECENDENT OF HISPA			14. RACE — American Indian,
	1 Never Married 2 Married	FORCES? 1 1			specify Cuban Mexic S 2 NO Speci		, atc.)	Bleck, White, atc. Specify:
9 84	3 Widowed 4 Divorced					1		WHILE
ETED	15. DECEDENT'S EDU (Specify only highest grade	e completed)	16e. DECEDENT'S (Give kind of life. Do NOT s	S USUAL OCCUPAT work done during it	TION nost of working	18b. KINI	D OF BUSINESS/INDU	ISTRY
2	Elementary/Secondary (9-12)	College (1-4 or 8 +)	AUTO		TEL	6	11. 10	
COMPL	17. FATHER'S NAME (First, Middle, Last)		7010	2009	18. MOTHER'S N.	AME (First, Middle	, Maiden Surname)	
C	GEDRAF	TAYLO	R		170			DFORD
0	190. INFORMANT'S NAME (Type Print)	7		G ADDRESS (Stree	t and Number or Rural	Route Number C	ity or Town, State, Zip	Code)
임	EIZABETA HARA	e15	RTI	BOXL	187B	SALIS.	bury, n	10 21822
	20s. METHOD OF DISPOSITION 1 D Burlel 2 Cremetion 3 Rem	novel from State	20b. PLACE AND DAT		N (Name	DATE	20c. LOCATION — C	
	4 Donation 5 Other (Specify)		BELLE	HAVEN	CEM.	8-25	BELLE	HAVEN, VA
	21. SIGNATURE OF JUNERAL SERVICE LI	CENSEE		22. NAME	AND ADDRESS OF F	ACILITY / Z	LINERA	C HomE
	11/1/	7,						
	23. PART i. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition	List only one cause of	on each line.	not anter the n	PARKSL node of dying, sur	Ch as cardlac	A 2342	Approximata interval Betw
CATION	shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. DUE TO (OR		not antar tha n	PARKSL node of dying, sur	Ch as cardlac	A 2342	Approximata interval Betw
ERTIFICATION	shock, or heart feilure.  iMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate	a. DUE TO (OR DUE TO (OR C.	AS A CONSEQUENCE	not antar tha n	PARKSL node of dying, sur	Ch as cardlac	A 2342	2/
CAL CERTIFICATION	shock, or heart feilure.  iMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR	AS A CONSEQUENCE O	not antar tha n  to ng  OF):	PARKSL node of dying, sur	ch as cardlac	A 2342 or respiratory arre	Approximata interval Betwoonset and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest and Donest a
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BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- nours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	thin 4- nours	letely filled in b emation, or ren	nt, the medi
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	be executed w	cian and complior to burial, or	raumatic eve
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CORDS,	uires that the o	signed by the Health and Me	ws any Inju
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	TO THE HOSPITA	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be flad within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: I

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			IENTAL	HYGIENE REG. NO.		20130
	1. DECEDENT'S NAME (First, Middle, Lest)	JEDWARD DI	AYLAR TA	YLOR		2. DATE O	O DAY	61 9	3. TIME OF DEATH 807 AM M
	4. SOCIAL SECURITY NUMBER  2/20/96 / 90. FACILITY NAME of 100 institution, give st	M2 DF	30 YRS. MON		HOURS MIN.  R LOCATION OF DEA	09-	F BIRTH Day, Year)		BIRTHPLACE (State or Foreign Country) aryland of DEATH
DIRECTO	STATE 10b. COUNTY	toward			City, /	nd			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL DIR	3546 Chur		He aniah	. 6	ZIP CÓDE  2/0 ENDENT OS-HISPANIO	04			OF WHAT COUNTRY?  A  RACE — American Indian,
BY	Merried 2 Merried 3 Midowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DAT		Il yes, spe	olfy Cultan, Mexicen,	, Puerto Ri		N NO- 14.	Black, White, etc.  Specify: Chite
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 1 2	CATION completed)  College (1-4 or 5+)	Ghe kind of work in Do NOT use ret	done during mo: lred.)			KIND OF BUSI		terprises
ŏ.	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM				
BE (	Frank T. Tay	lor			Mat				nson
5	Frank T. Taylo	r			Rd., E				MD 21043
	20e. METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Reme 4 Donetion 5 Other (Specify)	oval from State	PLACE OF DISPOSITION Of the place)			9/4/			or Town, State ott City, MD
	Columbial of Funeral Service Lice	Sleet	M00535		D ADDRESS OF FAC	SJ	lack I	uner	al Home nd 21043
CERTIFICATION	Augustus and a contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A	CONSEQUENCE OF:	ur/cu,					Pugan
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PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (Che				
	27. MANNER OF DEATH  1 Department 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJ WO			CRIBE HOW IN	JURY OCCUR	NED .
red BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— Al home, farm, atree	t, factory, offic			ATION (Street ar or Town, State)	nd Number or	Rural Route Number,
COMPLETED	anal and	ICIAN: To the best of my knowlers: On the basic of axamination							
BE	296. SIGNATURE AND TITLE OF CERTIFIES	n		Thy opinion, c	29c. LICENSE NUM		,		IGNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WH Steven H. Dienle		ATH (ITEM 27 (Typo, Printer)	"+ Pk	vs. Coli	mhi	על ה	d. 2	1004
- 2	31. DATE FILED (Month, Dey, Year)	32. REGISTRAR'S SIGNA	ATURE 2		1,000		, , ,	- 0	



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be alled within 25 hours after heart with the State Dent of Health and Mental Hydiene ends to build, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified a

TO BE

	1. DECEDENT'S NAME (First		m:							2. OATE OF MONTH	DEATH DAY		EAR :	3. TIME OF D	
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	218-76-2966	PIGE	1 M 2 F	77	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Di	/1913	6.	Country)	nio	Foreign
H	90. FACILITY NAME (If not in			ital	d	яь сіту, aklar		R LOCATION	OF DE	ATH	9	Gar:			
S	RESIDENCE OF DE				100 CIT	Y, TOWN OF	LOCAT	ION .					-	IOd. INSIDE C	177
DIRECTOR	Md.	Garr			100.011	Swant		ioiv					- 1	LIMITS?	
ERAL	10e. STREET AND NUMBER						_	ZIP CODE			1	log. CITIZEN		IAT COUNTRY	
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BY FUN	11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 Dive		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	ARMED NO	11	yes, spe		Mexica	, Puerto Rice	ipecify Yes or n, etc.)	No- 14.	RACE - Black, Specify	American ( white, stc.	
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COMP	Ukn.	Aladaha da ant		1	lousev	vite				Но					
-	17. FATHER'S NAME (First, A		.+					16. MOTHE			lle, Melden Sui				
H	Harry G.	Type/Print)			105 MAII ING	ADDRESS	(Street e	nd Number e	_	THE RESERVE OF THE PERSON NAMED IN	<ul> <li>Bray</li> <li>City or Town, 5</li> </ul>		efa l		
2	George H. T		.11										00)		
	20s, METHOD OF DISPOSIT	TION		20b. PLAC	E OF DISPOS					Mid.	21561	TION City	or Tow	n. State	
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	21. SIGNATURE OF FUNERA	AL SERVICE LK	CENSEE			22. N	IAME AN	D ADDRESS	OF FA	CILITY					
	- (Port	AA.	Burdoc	R		Bu	rdo	ck F.	H. 1	Box 52	3 Kit	zmill	er.	. Md.2	153
	23. PART I. Enter the cahock, or I IMMEDIATE CAUSE (FI disease or condition resulting in death)	neart fallure. nal	e. Cardi	use on each li	ne.			de of dyln	g, suci	n as cardled	or respire	tory arreat	ι,	Approx Interva Onset	Betwe
CATION	Sequentially list condi if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS	ediata rING ury	athers							ır di	sease	•			
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CERTIFI	PART II. Other algoritic	ant condition								1	YES 2 X	₹NO		OF DEATH?	
MEDICAL CERTIFI	PART II. Other algoritic	ant condition								_		P		YES 2	NO
AN: MEDICAL CERTIFI	25. WAS CASE REFERRED							ACE OF DE	ATH (Ch	eck only one)				YES 2	00 E
SICIAN: MEDICAL CERTIFI			HOSPITAL:	7 ER/Outpatient	3 DOA	OTHER	1:							1 TYES 2	E NO
SICIAN: MEDICAL CERTIFI	25. WAS CASE REFERRED EXAMINER? 1 YES 25 NO 27. MANNER OF DEATH	TO MEDICAL	HOSPITAL: 1   Inpetient 2   28s. DATE O		28b. TIN	4 Nurs	ing Hom 28c. INJ WO	e 5 Res	idence	eck only one)  6  Other (S		URY OCCUP		YES 2	NO NO
ERTIFI	25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 2 Accident		HOSPITAL: 1   inpatient 2 1 28s. DATE 0/ (Morith, L	FINJURY	26b. TIM	4 Nurs	Ing Hom 28c. INJ WO 1   1	e 5 Res URY AT RK7 /ES 2	idence	eck only one) 6 Other (S 28d, DESCR	ipecify)		RED		№ МО

29b. SIGNATURE AND TITLE OF CERTIFIEM

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Donald R. Rich
31. DATE FILED (Month, Day, Year)
SEP 1 0 1991

29d. DATE SIGNED (Month, Day, Year)

▶ 9-9-91

D30035

MD.

er, M.D. Rt#7 Box1495 Oakland,
32 REGISTRAR'S SIGNATURE
Julia Davidson Andrea

	1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Mic		STATE OF I		CERTIF	ICAT	E OF	DEATH		REG. NO			
	LE16HTO	O _		RACE	EWEL	RACE			MC	8 - 3	MY —	91	TIME OF DEATH
)	577-03-5272	1	5. SEX	6. AGE (In )	yrs. last birthday)  YRS.	IF UNDER	DAYS	HOURS MI	oci	TE OF BIRTH onth, Day, Year)	1915	Country)	ACE (State or Foreign INGTON, DC
СТОВ	99. FACILITY NAME (If not institu	S HO	SPITAL					SPRIN				TY OF DEA	
DIREC	10e. STATE 100	ONTGO	MERY			ILVE		PRING					Od. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 1804 ALCAN	DRIV	Ē				101	2090	2	-	10g. CITi2		YES 2 NO
В	11. MARITAL STATUS 1 Never Merried 2 Mar 3 Widowed 4 Divorced	rled	2. WAS DECEDEN FORCES? 1 IF YES, GIVE Y	AYES	2 NO	- 1	if yes, sp	ENDENT OF HIS ecity Cuben, Me 2 A NO Sp	xicen, Puer	GIN? (Specify Ye to Ricen, atc.)	e or No-	14. RACE -	American Indian, white, atc. WHITE
COMPLEIED	(Specify only higi Elementary/Secondary (0-12) 12				Give kind of life. Do NOT u	work done se retired.)	during mo	ON st of working		16b. KINO OF BU	SINESS/INDI	JSTRY	
20 20	17. FATHER'S NAME (First, Middle, WILLIAM N	EAL	TRACEW	ELL	1			OPAL		st, Middle, Maiden			
2	REBA B. TRAC		(WIFE		1804	ALCA	N DR	IVE, S	rei Route M	imber, City or Tow SPRING	n, State, Zip	Code) CYLAN	20902
	20a. METHOD OF DISPOSITION  1 Donation 2 □ Cremation 3  4 □ Donation 5 □ Other (500  21. SIGNATURE OF PRINERAL SE	olly)		20b. PL comete F	RT LIN	COLN	CEM	ETERY	Acqui	BRI		D, M	ARYLAND
	1/2 Sugar	=m	Ken	X	_	5	00 U	NIVERS	ITY B	NS FUNE	V., SI	L. SI	INC. P., MD 209
NO	23. MART I. Enter the disease or condition resulting in deeth)	e	Colly one cen	ISA OU SACE	ı iirle.					y cli			Approximete Interval Between Onset and Death
CERTIFICATION	if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST				ONSEQUENCE O				0				
MEDICAL		hepo		Alus	Us		derlying	j cause given	in Part i.	24a. WAS AN PERFOR	MED?	AM CC DF	RE AUTOPSY PINDINGS MILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO ME EXAMINER?  1 YES 2 NO		OSPITAL:	ER/Outpatie	nt 3 🗆 DOA	OTHER	÷	ACE OF OEATH					
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pend 2 Accident Invest	Ing Itgation	28a. OATE OF (Month, De	INJURY ay, Year)	28b. TIM INJ		28c. INJU	JRY AT	_	ESCRIBE HOW II	NJURY OCCU	RED	
	3 Suicide 8 Could	f not be mined	28s. PLACE Of building.	F INJURY — atc. (Specify)	At home, ferm, s	treel, facto	ry, office		281. LC	OCATION (Street a by or Town, State)	and Number o	Rural Route	Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYIN 2 MEDICAL	G PHYSICIAN	N: To the best of In the basis of ex	my knowledg	e, death occurre	nd at the III	me, data olnion, de	and place, and c	ue lo lhe d	ause(a) and man	ner as atated	l. cause(s) an	d manner se stated.
BE	296. SUSTNAT THE AND TITLE OF C	CERTIFIER	1.50	rni	nu	3735		29c. LICENSE N	UMBER US		29d. DATE :	SIGNED (Mo	nth, Day, Yeer)
2	30. NAME AND ADDRESS OF PER		OMPLETEO CAUS	SA	(ITEM 27) (Type,	Print) 98	201	Georg	ia	Ave	Silve	sh.	ign d
	31. DATE FILED (Month, Day, Year) SEP 0.4 91		32. REGISTRAI		Rende P2							7	)

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

ion, or removal. The medical examiner must be notified at once.	be fled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows eny injury, or other traumatic event, the medical examiner must be notified at once.
r death. Page 6 may be retained by the hospital or attending he funeral director, page 5 should be detached for use as the al.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-requires after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. or Health and Mental Hyglene prior to burial, cremation, or removal.

1 - STATE REGISTRAR	STATE OF I	MARYLAND / I CE		ICATE					H <b>YGIENE</b> REG. NO.			
1. DECEDENT'S NAME (First, Middle, Las								2. DATE OF MONTH	DAY		YEAR	3. TIME OF DEATH
	Gerald	Rohmer		ornto				Septe	ember		1991	8:00 A M
4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs. last I		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, D	lay, Your)		Country)	
555-07-0173	1 M 2 F	83	YRS.			3-19.		May 3	1, 19	2.0		bama
9e. FACILITY NAME (If not institution, giv				1127		R LOCATI	ON OF DE	ATH			NTY OF DE	
4512 Traymore St	creet			Be	thes	sda				Mor	ntgom	ery
10a. STATE 10b. COU	ITY		10c. CIT	TY, TOWN O	R LOCAT	ION						10d. INSIDE CITY
Maryland Mor	ntgomery			Beth	esda	3						LIMITS?
10e. STREET AND NUMBER	-3			00011		ZIP COD	E			10g. CIT		IAT COUNTRY?
4512 Traymore St	reet.						20	0814		Hir	nited	States
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARM	EĐ				F HISPAN	IC ORIGIN?				- American Indian, White, etc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V	YES 2 X NO	)		YES	2 X NO	n, Mexica Specifi	n, Puerto Rici	en, etc.)		Specify	
15. DECEDENT'S E (Specify only highest gri	DUCATION ade completed)	16a. DEC	EDENT'S	USUAL OC	CUPATIO	N et of world	· ·	16b. KI	ND OF BUSI	INESS/IN		
Elementary/Secondary (0-12)	College (1-4 or 5	+) // // // // // // // // // // // // //	Do NOT u	work done d	Juning mod	St OF WORK	10					
	3	Eur	opea	an Di	rect	cor		T	WA	Air:	lines	
17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NA	ME (First, Mide	dle, Melden S	Sumame)		
John Thomas The	ornton					Ma	ry .	Tom Co	gbill			
19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS	(Street a	nd Numbe	or Rural	Route Number,	City or Town	, State, Zi	p Code)	
Marjorie Anne A		4	512	Tray	more	e Sti	reet	, Bet	hesda	, M	208	14
20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Re	emovel from State	20b. PLACE O	F DISPO	SITION (Nat	me of cen	netery, crer	netory or				City or Tow	
4 Donation 6 Other (Specify)				Heav					Silv	er S	Spring	, Marylan
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	2		22. I	NAME AN	FILE C	SS OF FA	Servi	cas	p /	1	
· Cleen	NK	1 RD										MD 20910
23. PART I. Enter the diseases, of	r complications the	t caused the dea	th. Do									Approximats
Sequentially list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. LEI  DUE TO  B RM	OR AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS	7/S/P UENCE C	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	- (	Acc	A	21	(91			S MONTHS
PART II. Other significant condit	one contribution to	doeth hut not so	er dele e	In the un	dadula			Deat la	4- 1100 111	AL CTO DOL	Laur	
Porlum	-		aw		Carrying	cause	given in		4a. WAS AN / PERFORI	MED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOODITAL					ACE OF E	EATH (Ch	eck only one)				
1 TES 2 X NO	HOSPITAL:	☐ ER/Outpatient 3 [	□ DOA	OTHER	R: sing Hom	. 6 XA	esidence	6 🗆 Other (S	Specify)			
27. MANNER OF DEATH	28s. DATE Of	F INJURY Day, Year)	28b. Til		28c. INJ	URY AT		_	RIBE HOW IN	JURY O	CURED	
1 Natural 6 Pending		Ay, 164)	liv.	M		YES 2 [	NO					
2 Accident Investigation 3 Suicide 6 Could not	28e. PLACE (	F INJURY — AI hon	ne, farm,	street, fact	ory, offic	•			ION (Street e	nd Numbi	er or Rural Ro	oute Number,
4 Homicide determined		, etc. (Specify)						City or	Town, State)			
	YSICIAN: To the best of											and manner as stated.
					paratori, d				na piaca, sin			
296. SIGNATURE AND TITLE OF CERTIF	FIER	1 -	ni	\		29c. LIC	ENSE NU			29d. DA		(Month, Day, Year)
crugal	1- 1-1					200	14	70			Sept.	. 4, 1991
Eugene P. Lib:	re, M. D.,	10400				Aver	nue,	Kens	ingto	n, N	MD 208	895
31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE	2 .									
SEP 05 '91	guna	Davidson A	ande									

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TA	P
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ACCEPTAL OD ATTENDING PHYSICIAN. The law remains that the death certificate he executed within 24 cours a
VISION	ATTENDING
5	g
	ANCENTAL

- 18	1. DECEDENT S TEAME (FIRST, A	Middle, Last)							1	DATE OF DEATH	DAY	YEAR	3. TIME OF DEAT
	RITA E. VI		Ι							Sept. 9	, 19	991	4:30 7
1	4. SOCIAL SECURITY NUMBE		5. SEX	6. AGE (In yrs.		IF UNDER 1	1 YEAR DAYS	IF UNDER 2	HRS.	Month, Day, Year)	7 )	6. BIRT	THPLACE (State or Fo
D I	159-18-20		1 M 2 KF	77	YRS.		LANCE	III OMS		12-17-1	913		PA.
=1	9a. FACILITY NAME (If not inst							R LOCATIO		Н		UNTY OF	
0	Sixty Foo					Pit	tst	ville	=		Wi	comi	ico
RECT		10b. COUNT	гү		10c. CI	ry, town o	R LOCAT	ION					10d. INSIDE CITY
븁	MD.	WI	COMICO		PI	TTSV	ILI	E				1 TYES 2	
A	10e. STREET AND NUMBER	100			10f. ZIP CODE						WHAT COUNTRY?		
FUNERAL	BOX 172	21850						.A.					
J.	11. MARITAL STATUS  1 Never Married 2 R	S. ARMED 13. WAS DECENDENT OF HISPA 17 Yes, specify Cuban, Maxic.						aa or No	14. RAG Blo	CE — American India ck, White, atc.			
B	3 Widowed 4 Divorce	WAR OR DATES		1	☐ YES	2℃ NO	Specify:			Spe	owy: WHITE		
ED	15, DECE	DENT'S ED	UCATION	16a.	DECEDENT'S					16b. KIND OF E	USINESS/II	NDUSTRY	
	(Specify only Elementary/Secondary (0-1		College (1-4 or 5	+)	(Give kind of life. Do NOT L	work done d ise retired.)	luring mos	st of working					
COMPL	6				HOU	SEWI	FE			OWN	HOM	Ξ	
COMP	17. FATHER'S NAME (First, Mid				18. MOTH	ER'S NAME	(First, Middle, Maid	n Surname)					
BE	SAMUEL M		CANDLES	S						COLEMA			
TO BI	19a. INFORMANT'S NAME (7)		To the second							ute Number, City or 1			
	Maryrose					_			Pit	tsville			
	20a. METHOD OF OISPOSITION	ON ⊓ 3 □ Res	moval from State		CE AND DAT								Town, State Le, Md.
	4 Donation 5 Other (		ICENSEE )		00111			ND ADDRES	S OF FACI			V T T T	ic, iid.
	8	0 1	12	V		-		io nooneo	0 01 17101				
	iMMEDIATE CAUSE (Final disease or condition resulting in death)		. List only one ca	use on each i	ilna.	not enter	the mo	de of dyln	ıg, such	al Home	piratory a	rrest,	Approxim interval B Onset and
	IMMEDIATE CAUSE (Fine disease or condition resulting in death)  Sequentially list condition if any, leading to immedicause. Enter UNDERLYING CAUSE (Disease or injurthat initiated events	ons, lista	B. DUE TO DUE TO C. CAN'S	O (OR AS A CON	INA.  VANY  ISEQUENCE  ISEQUENCE  A  A  A	of enter	the mo	de of dyln	raly		Branna Arm	rrest,	Approxim interval B
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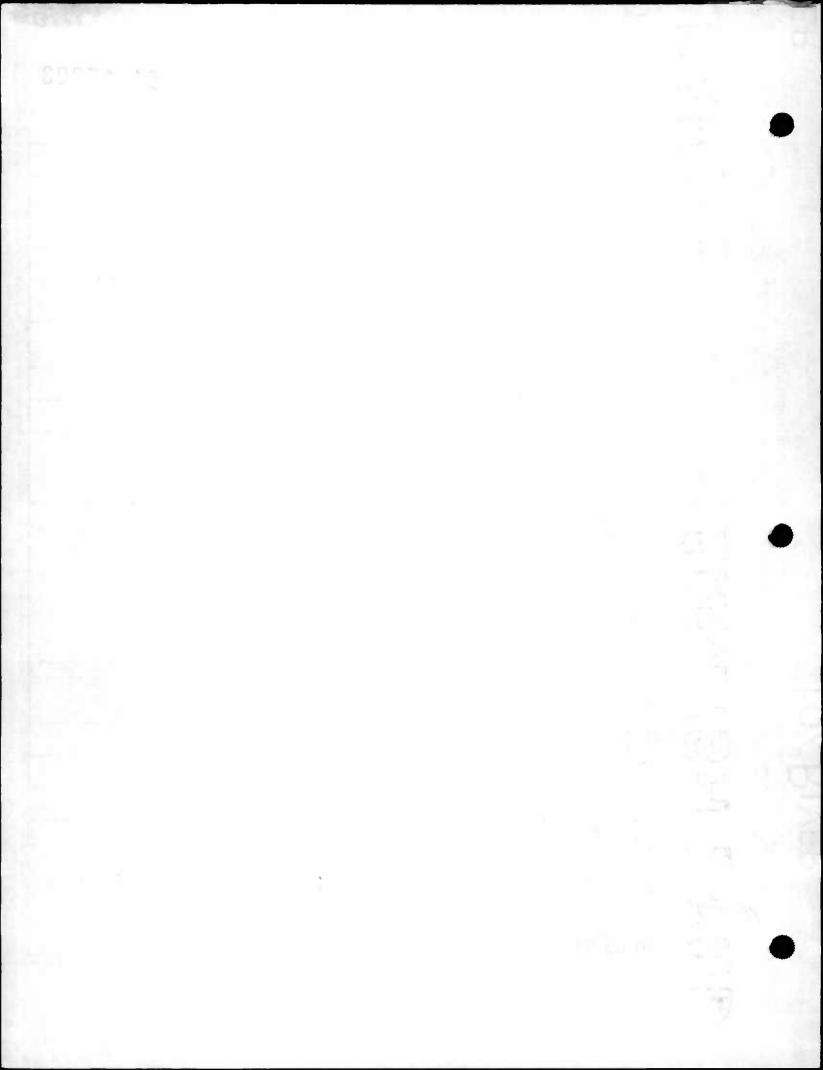
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frous after death. Page 6 may be retained by the hosp	fter death. Page 6 may be retained by the hosp
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the funeral director, page 5 should be detache loval.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	al examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Las	st)							2. DATE OF	DEATH	NY.	YEAR	3. TIME OF DEATH
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4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest		IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF (Month, L	BIRTH Day, Year)		8. BIRTI	HPLACE (State or Foreign try)
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31. DATE FILED (Month, Day, Year)
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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GEORGE (UNK) WAGNER  199. MALINO ADDRESS (Street and Number or Paul Route Number, City or Town, State)  199. MALINO ADDRESS (Street and Number or Paul Route Number, City or Town, State)  200. METHOD OE DISPOSITION 1 Burlst 2 (Acremation 3   Removal trom State) 200. PLACE AND DATE OF DISPOSITION (Name of 1 DATE   20c. LOCATION — City or Town, State) 21. SIGNATURE OF PUMERAL SERVICE LICENSEE/ 22. PART II. Enter the diseases, or complications that causes the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, interval Bellow for country and DATE CAUSE (Final diseases or condition)  1 Barlst 1 Enter the diseases, or complications that causes the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, interval Bellow Onset and Decided the Cause of Light of Land METASTASIS To RECENCION Onset and Decided the Cause of Light of Land METASTASIS To RECENCION ONSET AND DECIDENCE OF:  22. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24. WAS AN AUTOPSY PERFORMEDY 1   YES 2   MO  25. NAS CASE REFERRED TO MEDICAL EXAMBLES PRIOR OF CAUSE OF DEATH (Chock only one) 27. MANNER' 1   YES 2   MO  28. NAS CASE REFERRED TO MEDICAL EXAMBLES PRIOR   280. DATE OF INJURY MENTAL SIZE (Mooth), Osy, Ital)  28. NAS CASE REFERRED TO MEDICAL EXAMBLES PRIOR   280. DATE OF INJURY MENTAL SIZE PRODUPT IN 1   YES 2   MO  29. NAS MANUFRY OF CEATH   1.   Moother 1   1.   Mount of the Color of CAUSE OF DEATH (Chock only one)   280. DESCRIBE HOW NAJURY OCCURED INJURY MENTAL SIZE PRODUPT IN 1   YES 2   MO  20. ACRES REFERRED TO MEDICAL INJURY MENTAL SIZE PRODUPT INJURY MENTAL SIZE PRODUPT INJURY MENTAL SIZE PRODUPT INJURY MENTAL SIZE PRODUPT INJURY MENTAL SIZE PRODUPT INJURY MENTAL SIZE PRODUPT INJURY MENTAL SIZE PRODUPT INJURY MENTAL SIZE PRODUPT INJURY MENTAL SIZE PRODUPT INJURY MENTAL SIZE PRODUPT INJURY MENTAL SIZE PRODUPT INJURY MENTAL SIZE PRODUPT INJURY MENTAL SIZE PRODUPT INJURY MENTAL SIZE PRODUPT INJURY MENTAL SIZE PRODUPT I	COMPLET	(Specify online Elementary/Secondary (I	ly highest grade	completed)	18s. DE: (Gi life.	ve kind of wor. Do NOT use r	k done during ma-	16b. K				IE	
199. MALINO ADDRESS (Street and Number or Rural Rouse Number, City or Town, State)  4 2 1 W MAIN ST. FRUITLAND, MD 21826  4 2 1 W MAIN ST. FRUITLAND, MD 21826  20e. METHOD DE DISPOSITION   DATE   DOLORITO PURPOLITOR   DATE   DOLORITO   DATE   DOLORITO   DATE   DOLORITO   DATE   DOLORITO   DATE   DOLORITO   DATE   DOLORITO   DATE   DOLORITO   DATE   DOLORITO   DATE   DOLORITO   DATE   DOLORITO   DATE   DOLORITO   DATE   DOLORITO   DATE   DOLORITO   DATE   DOLORITO   DATE   DOLORITO   DATE   DOLORITO   DATE   DOLORITO   DATE   DOLORITO   DATE   DOLORITO   DATE   DOLORITO   DATE   DOLORITO   DATE   DOLORITO   DATE   DOLORITO   DATE   DOLORITO   DATE   DOLORITO   DATE   DOLORITO   DATE   DOLORITO   DATE   DOLORITO   DATE   DOLORITO   DATE   DOLORITO   DATE   DOLORITO   DATE   DOLORITO   DATE   DOLORITO   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DATE   DA		17. FATHER'S NAME (First, M		)BIOE				dle, Maiden	Surname)				
20. METHOD DC INSPOSITION   20. PLACE AND DATE OF DISPOSITION   Name of complete place    20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATION - City or Town, State   20. COATIO			,,		196			nd Number or Rura	I Route Number	City or Town	, State, Zip Co		
22. NAME AND ADDRESS OF FACILITY HOLLOWAY FUNERAL HOME 50 I SNOW HILL ROAD SALISBURY, MD 21801  23. PART I. Enter the diseasea, or complications that causes the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, approximate interval Betwee Onset and Death inc.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERIVING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  NE MAN AND ADDRESS OF FACILITY HOLLOWAY FUNERAL HOME 50 I SNOW HILL ROAD SALISBURY, MD 21801  Approximate interval Betwee Onset and Death interval Betwee Onset and Death interval Betwee Onset and Death interval Betwee Onset and Death interval Betwee Onset and Death interval Betwee Onset and Death interval Betwee Onset and Death interval Betwee Onset and Death interval Betwee Onset and Death interval Betwee Onset and Death interval Betwee Onset and Death interval Betwee Onset and Death interval Betwee Onset and Death interval Betwee Onset and Death interval Betwee Onset and Death interval Betwee Onset and Death interval Betwee Onset and Death interval Betwee Onset and Death interval Betwee Onset and Death interval Betwee Onset and Death interval Betwee Onset and Death interval Betwee Onset and Death interval Betwee Onset and Death interval Betwee Onset and Death interval Betwee Onset and Death interval Betwee Onset and Death interval Betwee Onset and Death interval Betwee Onset and Death interval Betwee Onset and Death interval Betwee Onset and Death interval Betwee Onset and Death interval Betwee Onset and Death interval Betwee Onset and Death interval Betwee Onset and Death interval Betwee Onset and Death interval Betwee Onset and Death interval Betwee Onset and Death interval Betwee Onset and Death interval Betwee Onset and Death interval Betwee Onset and Death interval Betwee Onset and Death interval Betwee Onset and Death interval Betwee On	11.1	1 - Burisi 2 - Cremetic	on 3 🗆 Rem	oval trom State	20b. PLACE A cemetery, cres SAL I	ND DATE OF	DISPOSITION (Na.	me of		20c. LOC	CATION — CI	y or Town	
23. PAGT I. Enter the diseasea, or complications that causes the death. Do not enter the mode of dying, auch as cardisc or respiratory arreat, ahock, or heart failure. List only one cause on ach line.  IMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  1 VES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNING OF DEATH  28. DATE DE INJURY (Month, Cey, Year)  1 VES 2 NO  28. THE OF INJURY AT WORK?  1 VES 2 NO  28. THE OF INJURY AT WORK?  1 VES 2 NO  28. THE OF INJURY AT WORK?  1 VES 2 NO  28. THE OF INJURY AT WORK?  1 VES 2 NO  29. Accident investigation		· gots	n. 1	Sellow	ay	9	HOL 501	LOWAY F	UNERAL	HOME	: TSBUR	Y . M	
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  NE UND NIP  LIGHT  LUNG:  DUE TO (OR AS A CONSEQUENCE OF):  NE UND NIP  DUE TO (OR AS A CONSEQUENCE OF):  NE UND NIP  DUE TO (OR AS A CONSEQUENCE OF):  NE UND NIP  DUE TO (OR AS A CONSEQUENCE OF):  NE UND NIP  DUE TO (OR AS A CONSEQUENCE OF):  NE UND NIP  DUE TO (OR AS A CONSEQUENCE OF):  NE UND NIP  DUE TO (OR AS A CONSEQUENCE OF):  NE UND NIP  DUE TO (OR AS A CONSEQUENCE OF):  NE UND NIP  DUE TO (OR AS A CONSEQUENCE OF):  NE UND NIP  DUE TO (OR AS A CONSEQUENCE OF):  NE UND NIP  DUE TO (OR AS A CONSEQUENCE OF):  NE UND NIP  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE		IMMEDIATE CAUSE (Fir	wait ionure.	B. ADENOCA	REINOM.	A OF UENCE OF):	Lung	de of dying, au $M_{\mathcal{E}} \mathcal{T}_{A_{\mathcal{E}}}$	sch aa cardis	c or respir	ratory arrea	t,	Approximate Interval Betwee Onset and Dea
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 Natural 5 Panding  28. DATE DF INJURY  (Month, Oay, Year)  29. TIME OF INJURY WORK?  M 1 YES 2 NO  24b. WERE AUTOPSY FINDING ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one)  24b. WERE AUTOPSY FINDING ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Check only one)  27. MANNER OF DEATH  28c. INJURY AT WORK?  1 Natural 5 Panding  1 Natural 5 Panding  1 Natural 5 Panding  1 Natural 5 Panding  1 Natural 1 Natural 5 Panding  1 Natural 1 Natural 5 Panding  1 Natural 1 Natural 5 Panding  27. Accident Investigation	RTF	if any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or Inju- that initiated events	diate ING Irry	DUE TO (OF	R AS A CONSEO	UENCE OF):	CHT	Lung.	LEUR AL	. K.	fusio	N	
EXAMINER?  1 YES 2 ND  1 YINDER:  1 YINDER:  1 YINDER:  1 YINDER:  1 YINDER:  1 YINDER:  1 YINDER:  1 YINDER:  1 YINDER:  1 YINDER:  1 YINDER:  1 YINDER:  1 YINDER:  1 YINDER:  1 YINDER:  1 YINDER:  1 YINDER:  1 YINDER:  1 YINDER:  1 YINDER:  1 YINDER:  28b. TIME OF INJURY AT WORK?  1 YES 2 NO  29d. DESCRIBE HOW INJURY OCCURED  1 YES 2 NO	CALC	PART II. Other significs	int condition	s contributing to de	ath but not re	eaulting in 1	he underlying	cause given in		PERFORMED?			Allable Prior to OMPLETION OF CAUSE F DEATH?
27. MANNEÄ OF DEATH 1 Netural 5 Panding 2 Accident Investigation 280. DATE DF INJURY AT WORK? 1 VES 2 NO 280. TIME OF INJURY AT WORK? 1 VES 2 NO	Sic	EXAMINER?  HOSPITAL:  OTHER:										<u></u>	
		1 Natural 5		ME OF 1 28c. INJURY AT WORK?  M 1 YES 2 NO									
	ETED B	4 Homicide	Could not be determined	building, stc.	. (орвспу)				only or	Town, State)			e Number,
29s. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.	ETED B	4 Homicide	TIFYING PHYSIC	DAN: To the beat of my	knowledge, dea	th occurred a	t the time, dets :	and place, and du	e to the cause	(s) and menn	ner es stated.	suse(s) s	

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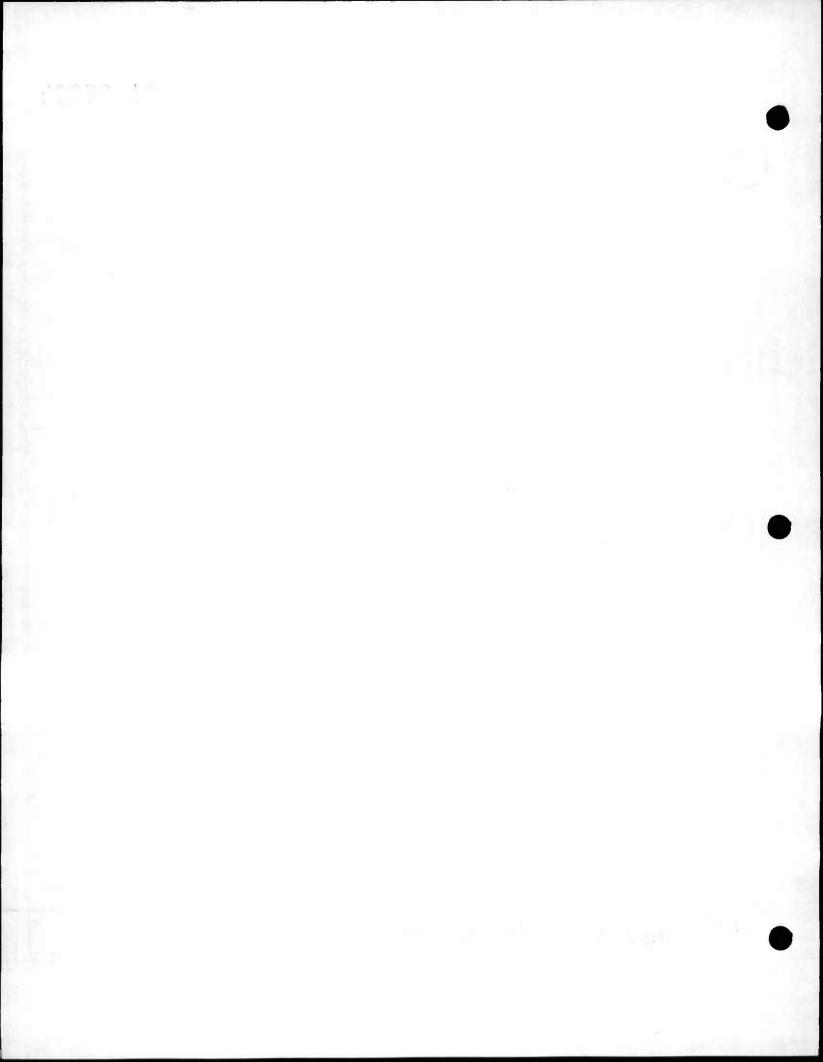
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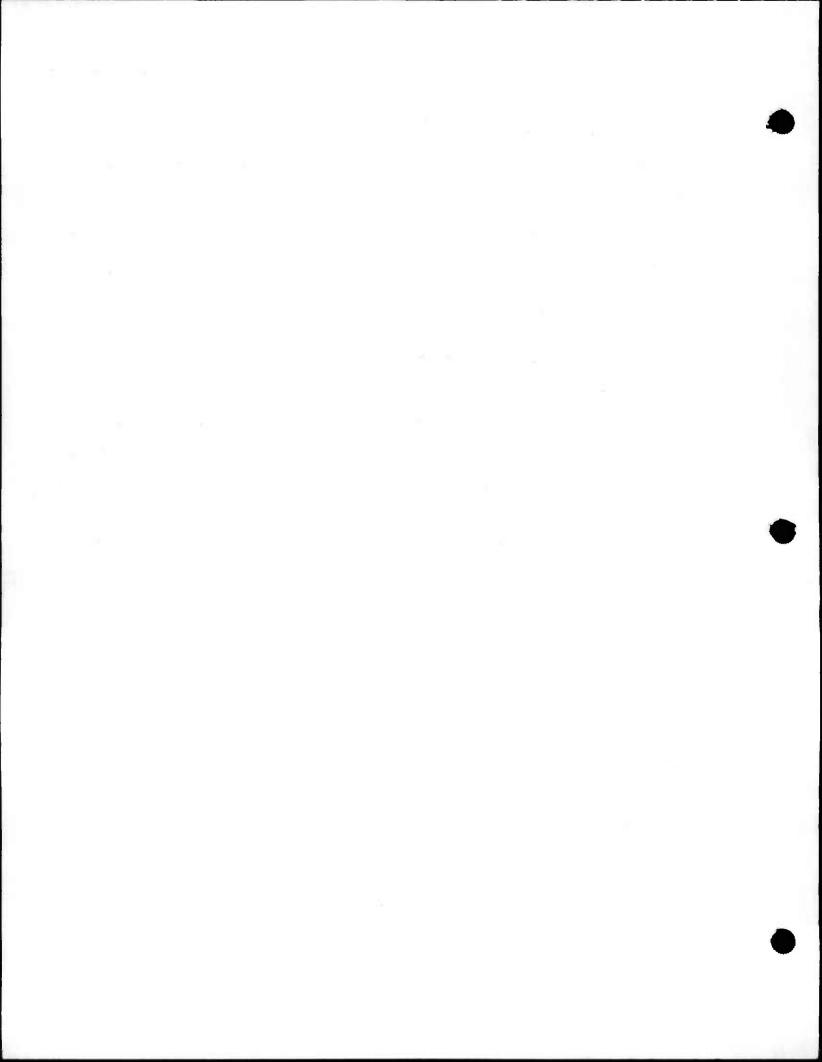
_			REGISTRAR		CE	RTIFIC	ATE O	F DEATH		REG. NO.					
		1. DECEDENT'S NAME (First, Middle,	inst)					2. DATE	OF DEATH		3. TIME OF DEATH				
	-			Mattie Blades	2	(	234	T	MONTE	I DAY		AR			
	1-	1	4. SOCIAL SECURITY NUMBER		AGE (In yrs. les						0,199				
	( +		216 1675 30	1 □ M 2 😿 F			UNDER 1 YEAR		(Month	OF BIRTH	8. 8	BIRTHPLACE (State or Foreign Country)			
		9	.9a. FACILITY NAME (If not institution,		69					24-22		MARYLAND			
1.	3 sho	E .			A T	96		N OR LOCATION OF I	DEATH		9c. COUNTY				
93	c,	2	PENINSULA GE		7.L.		SALI	SBURY			MIC	OMICO			
6.3*	Pages 1,	DIRECTOR	10a. STATE 10b. CO			10c. CITY, TO	OWN OR LO	CATION				10d. INSIDE CITY			
	<u>r</u>	뚬	MD T	VICOMICO		MI	LLARD	C				LIMITS?			
	permit.	ابر	10e. STREET AND NUMBER	110011100		AA T.		10f. ZIP CODE			40. 01717511	1 YES 2 NO			
	usit p	FUNERAL	RT 1 BOX 901 D	TVISTON ST				21874							
) ician.	Il-trar	3	11. MARITAL STATUS	12. WAS DECEDENT EV	FRINUS AR	MED	12 WMS D		ANIC ORIGIN			J.S.A.			
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	e 5	2	SANDRA WEST TIM	1MONS		RT 1 BOX		X 82C State st.							
ORE, I	page st pe		20a, METHOD OF DISPOSITION 0	9-1-91	20b. PLACE A	ND DATE OF DI	SPOSITION	Name of	DATE			or Town, State			
0 9	must	U A	4 Donatton 5 D Other Goody)	demovel from State	SPR	NGHILI	MEMO	ORY GARDE	ENS			IARYLAND			
BALTIMORE, 24 hours after death. Page 6 may be	tuneral director,	- 1	21. SIGNATURE OF FUNETIAL SERVICE	E LICENSEE			22. NAME	AND ADDRESS OF F	ACILITY		,				
AL.	Xam		* Hoton	1/4011											
B Her	oval.	-	7	HOLLOWAY FUNERAL HOME  501 SNOW HILL RD. SALISBURY, MD 21801  PORTION OF PRINCE AND ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, OF COMPLICATION OF ADDRESSES, O											
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AL S	the State Dept. of	SICIAN:	25. WAS CASE REFERRED TO MEDICA												
VITAL	State Item	길	EXAMINER?	HOSPITAL:		ОТ	26. HER:	PLACE OF DEATH (CI	heck only one	)					
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0 =	K V	4	1 Naturel 5 Pending	(Month, Day, Yes		28b. TIME OF INJURY		NJURY AT VORK?	28d. DE\$0	RIBE HOW INJ	URY OCCURE	D			
NG		B	2 Accident Investigation M 1 YES 2 NO												
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	IIS at	E 1													
DI		릴	(Check only 1 CERTIFYING PI	HYSICIAN: To the best of my kr	nowledge, dea	th occurred at	the time, de	te end place, end due	to the caus	e(e) end manne	er as stated.				
SPITE	within 72	COM	one) 2 MEDICAL EXAM	MINER: On the beale of examine	etion end/or in	veatigation, in	my opinion,	death occured at the	Ilme, date s	ind place, end	due to the cau	rse(e) end menner es statad.			
9 5	FTA With	S I	29b. SIGNATURE AND THILE OF CERT		_			29c. LICENSE NUI							
TO THE HOSPITAL	be filed within	0	1/1/1	Miles				1) > C	300	3 1	DATE SIG	NED (Month, Day, Year)			
<b>#</b> #	= A =	요	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	DEATH (ITEM	27) (Type Print	}	12/	17/		7)	111			
			Dr. Willia K	obine Or	: J			-Sapir	1 . 1	4- 0	1	er .			
	- 1	10	31. DATE FILED (Month, Day, Year)	32. BEGISTBAR'S SI	IGNATURE	1.007	ال	- July J	4013	170	1/2	801			
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Error in

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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

			REGISTRAR				71 - 01	PUEATH		REG. NO.		
			1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH	255	3. TIME OF DEATH
		_	WILLIAM H. WH	TTMORE	JR.				MONTH 9-	1- 199	YEAR	0525 M
		1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	hirthday) IE I	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF			HPLACE (State or Foreign
		) ]	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			MOM	THS DAYS		(Month, L	Day, Year)	Count	try)
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	should		9e. FACILITY NAME (If not institution, give	street and number)		9b.	CITY, TOWN	OR LOCATION OF DE	EATH	9c. C0	OUNTY OF	DEATH
	ERUPS	뜻	BOX 94 WOODRI	DGE DRI	VE		SAL	ISBURY		WT	COMI	CO
	C)	Стон	RESIDENCE OF DECEDENT									
		ш	10e. STATE 10b. COUNT	TY		10c. CITY, TO	WN OR LOC	ATION				10d. INSIDE CITY LIMITS?
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9	the hospital o detached for once.	COMPLET	17. FATHER'S NAME (First, Middle, Last)	14	16.11	COL LOS VI	200	16 MOTHED'S NA	ME (Einst Min	idle, Malden Sumeme		
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Z	1 Pe Pe	H	WILLIAM H. WHI	TMORE				LUCII	LE H	ODGES		
MARYLAND	retained 5 should notified	2	19e. INFORMANT'S NAME (Type/Print)		191	. MAILING ADD	DRESS (Street	t end Number or Flural	Route Number	City or Town, State,	Zip Code)	
Σ		F	NADINE WHITMOR	RE	В	OX 94	WOOI	DRIDGE D	R. S.	ALISBUR	Y MI	21801
	> 0 0		20e. METHOD OF DISPOSITION		20b. PLACE	OF DISPOSITIO		cemetery, crematory or		20c. LOCATION		
BALTIMORE,	death. Page 6 may s funeral director, pa I. examiner must b		26e. METHOD OF DISPOSITION  1 ☐ Buriel 2 ☆ Cremetton 3 ☐ Rea  4 ☐ Donation 5 ☐ Other (Specify)	moval from State	other pla	PEDN (	CHODI	E CREMAT	ווזדמטי			
8	Page direc		II. BIGHATUME OF FUNERAL SERVICE L	menner / /	I EAS	IERN		AND ADDRESS OF FA		M GEORG	ETUM	IN DEL.
Ē	funeral o		or Powerial Service E	6 /~	V		BOUN	NDS FUNE	RAT, 1	HOME		
A	death.		XIIIII C	1me	ina						CDIII	RY MD 21801
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OF VITAL RECORDS, P.O. BOX	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremaritin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremariting them 28 is marked, or litem 23 shows any injury, or other traumatic event,	BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending investigation investigation datermined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  29b. 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I  Nursing H  F  28c. I  M  1   1   1   1   1   1   1   1   1	PLACE OF DEATH (Come 5 Residence INJURY AT WORK? YES 2 NO Hitce	Part i. 2 heck only one)  6 Other ( 25d. DESC  25f. LOCAT City or	24a. WAS AN AUTOPPERFORMED?  1 YES 2 NO  (Specify)  RIBE HOW INJURY  TOWN, Stete)  6(e) end menner as and place, and due to	OCCURED  OCCURED  Stated.  Description of the course  OATE SIGNE	Onset end Deeth  G W S  b. WERE AUTOPSY FINDINGS  AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,  (e) end manner es stated.



## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			CENTI	TOATE	F DEATH	REG. N	0.		
	1. DECEDENT'S NAME (First, Middle, Last,	1100	Dexter	Walker	ı	2. DATE OF DEATH MONTH August 3	T, 19	3. TIME OF DEATH	
) L	4. SOCIAL SECURITY NUMBER 234-34-4092	5. SEX 8. A	GE (In yrs. lest birthday) YRS.	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreig Country) Walton. WV	
E.	98. FACILITY NAME (If not institution, give 8676 Felsview D: RESIDENCE OF DECEDENT	street and number)		96. CITY, TOY	e1	EATH		Y OF DEATH	
DIREC	WV Ros			TY, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?	
- 1	10e. STREET AND NUMBER			pencer	10f. ZIP CODE		10g. CITIZE	1 XXYES 2 ☐ NO N OF WHAT COUNTRY?	
ш,	214 Front St.  11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ES 2 NO	If yes	25276 DECENDENT OF HISPAI , specify Cuban, Mexica	in, Puerto Rican, etc.)	US. fea or No— 14	I. RACE — American Indian, Black, White, atc.	
	3 Widowed 4 Divorced  15. DECEDENT'S ED	JCATION	16a. DECEDENT	YES 2 NO Specification	16b. KIND OF B	White			
	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work done during most of working					int i	
O	17. FATHER'S NAME (First, Middle, Last)	11	Mecha	inic		Gara ME (First, Middle, Maide	n Sumame)		
BE OT	George Miller Wa	ilker	19b. MAILIN	Belle Harp Route Number, City or To	er wn, State, Zip Co	ode)			
2	David R. Walker		8676		iew Dr., I			3 y or Town, State	
114	IX Buriel 2 Cremetion 3 Ren C Donetion 5 Other (Specify)	loval from State	Droddy-Ca	other place) interbu:	ry Cem.	9/7 Wa	Iton,	WV	
	23. PART I. Enter the diseases of	h. Afa	do &	SK	AND ADDRESS OF FA	829 Ho	SON	TO. MD. ST. 2/22	
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	d	s a consequence of	ischen	nia/H.	T.	2	Onaet and De	
MEDIC	PART II. Other algorificant condition	s contributing to death	h but not resulting	In the underly	ring cause given in		RMED?	24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1  YES 2	
SICIAN:	5. WAS CASE REFERRED TO MEDICAL EXAMINER?			26.	PLACE OF DEATH (Che	ock only one)			
> II -	1 TYES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/O  28e. DATE OF INJUR			a 🗆 Other (Specify)				
ВУ Р	Natural 5 Pending Investigation	(Month, Day, Year	(RY — At home, tarm,	M 1	INJURY AT WORK?  YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED			
ETEO	3 Suicide a Could not be detarmined	28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPL	9a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	CIAN: To the best of my kn	owledge, death occurr tion and/or investigation	ed at the time, d	ate end place, and dua	to the cause(a) end ma	nner as stated.	euse(s) and manner as stated	
H 2	96. SIGNATURE AND TITLE OF CERTIFIE	buen			29c. LICENSE NUM	>	14	GNED (Month, Day, Year)	
	D. NAME AND ADDRESS OF PERSON WH  HYO Some  Date Filed (Month, Day, Year)	dy Sous	DEATH (ITEM 27) (Types	Print)	\$37/34 Ger701100	ulle Ad	2, 20	SST	
	SEP 9 '91	32. REGISTRAR'S SIG	ridson-Penda	62					

10021 10

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.  1. OECEDENT'S NAME (First, Middle, Lest)  2. DATE OF DEATH 1. 1 TIME											
			-174				2. DAT		AY	YEAR 3. TIME O	OEAT	
	Viola Cathe:	rine win					C	7 8	) (	71 11	39	
	213/05/1563	1 M 2 N F	75	rs. last birthday)	MONTHS DAYS	HOURS MIN	7. DAT	97191	_	Maryla	or For	
- 14	9e. FACILITY NAME (If not institution, giv	_	12	11111	9b. CITY, TOWN	OR LOCATION OF		3/ 1310		TY OF DEATH	10.	
DIRECTOR	Carroll Coun	ty Gener	al Ho	spita		stmins				arroll		
3EC	10a. STATE 10b. COU	NTY		10c. CIT	Y, TOWN OR LOCA	rion				10d. INSID	E CITY	
		arroll			Wei	stmins	ter			LIMIT 1 YES	37	
FUNERAL	10e. STREET AND NUMBER	T) ! !				. ZIP CODE				EN OF WHAT COUN	FRY?	
NE.	828 Littlest		17 F1450 W		21157	U.S.						
ust be notified at once.  TO BE COMPLETED BY	1 Never Merried 2 Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	NO NO	If yes, sp	ecity Cuben, Mes 2 (ALNO Spi	IT OF HISPANIC ORIGIN? (Specify Yee or No-			<ol> <li>RACE — America Black, White, etc.</li> </ol>	n indi	
	3 Widowed 4 Divorced	125, 4.72	WAN ON DATE:	•	1 TES	2 LALNO Spi	ic/ly:			Specify: White		
	15. OECEDENT'S EI (Specify only highest gra	DUCATION ade completed)	16	e. DECEOENT'S (Give kind of v	USUAL OCCUPATION	ON set of working	16	Sb. KIND OF BUS	SINESS/INDU			
	Elementary/Secondary (0-12)	College (1-4 or 5	+)	worke		one during most of working ed.)						
	17. FATHER'S NAME (First, Middle, Last)			WOLKE	T.	16 MOTHER'S		Dutte				
	unknown					Clar			Sumeme)			
	19e. INFORMANT'S NAME (Type/Print)			19b. MAILINO	AOORESS (Street e	and Number or Rui	al Route Nui	mber, City or Town	n, State, Zip C	Code)	_	
	Mr. Russell		t	828	Little	stown	Pike	, West	tmins	ster, M	) 2	
	20r METHOD OF DISPOSITION 1-1 Burlel 2 Cremetion 3 Re	emoval from State	20b.PL	ACE AND DATE O	E DISPOSITION /No	me of	-	YE 200 LOV	CATION O		_	
	4 □ Donation 6 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	Eve	rgree	n Mem.	Gardn	s. 9	/11 Fi	inkst	ourg, M	)	
					Pri	tts Fu	nera	1 Home	e & C	Chapel		
	Robert K.		. Sr.									
					714	Washii	ug co	II na.	, wes	stminst	er	
	23. PART I. Enter the diseases, o ahock, or heart failure	r complications that e. List only one cau	t caused the	a death. Do n	ot antar tha mo	de of dying, s	uch as ca	rdiac or reapi	ratory arres	st, App	oxim	
	ahock, or haart failure IMMEDIATE CAUSE (Finst disease or condition	r complications tha s. List only ons cau	t caused the	a death. Do n	ot antar tha mo	de of dying, s	IIG CO	rdiac or reapi	ratory arres	st, Applinter	oxim vai B	
	IMMEDIATE CAUSE (Final	s. List only ona cau	t caused the	a death. Do n lina.	ot antar tha mo	wasni	IIG CO	rdiac or reapi	, Wes	st, Appi	oxim vai B t sno	
2	IMMEDIATE CAUSE (Finsl disease or condition resulting in death)	a. OUE TO	t caused the	a death. Do n iina. D 1 PC NSEQUENCE OF	ot antar tha mo	de of dying, s	uch as ca	rdiac or reapi	ratory arres	St, Appi	oxim vai B t sno	
ATION	IMMEDIATE CAUSE (Finsl disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	a. OUE TO	t caused the	a death. Do n iina. D 1 PC NSEQUENCE OF	ot antar tha mo	de of dying, s	uch as ca	rdiac or reapi	ratory arres	St, Appi	oxim vai E t sn	
FICATION	IMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a. OUE TO	t caused the	a death. Do n iina. D 1 PC NSEQUENCE OF	ot antar tha mo	de of dying, s	uch as ca	rdiac or reapi	ratory arres	St, Appi	oxim vai B t sn	
RTIFICATION	IMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. OUE TO	t caused the	a death. Do n iina. D 1 PC NSEQUENCE OF	ot antar tha mo	de of dying, s	uch as ca	rdiac or reapi	ratory arres	St, Appi	oxim vai B t sno	
CERTIFICATION	IMMEDIATE CAUSE (Finsl disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. OUE TO b. DUE TO c. OUE TO d.	t caused thise on each	a death. Do n iina.  D 1 PC NSEOUENCE OF SEOUENCE OF NSEOUENCE OF	ot antar tha mo	de of dying, s  REST  CARC  CORV	och as ca	rdiac or reapi	ratory arres	St, Appi	oxim vai B t sno	
S	IMMEDIATE CAUSE (Finsl disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. OUE TO b. DUE TO c. OUE TO d.	t caused thise on each	a death. Do n iina.  D 1 PC NSEOUENCE OF SEOUENCE OF NSEOUENCE OF	ot antar tha mo	de of dying, s  REST  CARC  CORV	och as ca	rdiac or reapi	AUTOPSY	St, Appi	oxim vai B t sno	
EDICAL CE	IMMEDIATE CAUSE (Finsl disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. OUE TO b. DUE TO c. OUE TO d.	t caused thise on each	a death. Do n iina.  D 1 PC NSEOUENCE OF SEOUENCE OF NSEOUENCE OF	ot antar tha mo	de of dying, s  REST  CARC  CORV	och as ca	THEY  YHEY  240. WAS AN	AUTOPSY MEO?	St, Appinter Ons.	oxim vai B t sno	
MEDICAL CE	IMMEDIATE CAUSE (Finsl disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. OUE TO b. DUE TO c. OUE TO d.	t caused thise on each	a death. Do n iina.  D 1 PC NSEOUENCE OF SEOUENCE OF NSEOUENCE OF	ot antar tha mo	de of dying, s  REST  CARC  CORV	och as ca	THEY  YHE  240. WAS AN / PERFORI	AUTOPSY MEO?	St, Appinter Ons.  P1 /  P2 /  P3 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /  P4 /	oxim vai B t sno PSY FR Rior H OF (	
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WERE AUTO AMAILABLE: COMPLETIO OF DEATH? 1 YES	oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximitation oximit	

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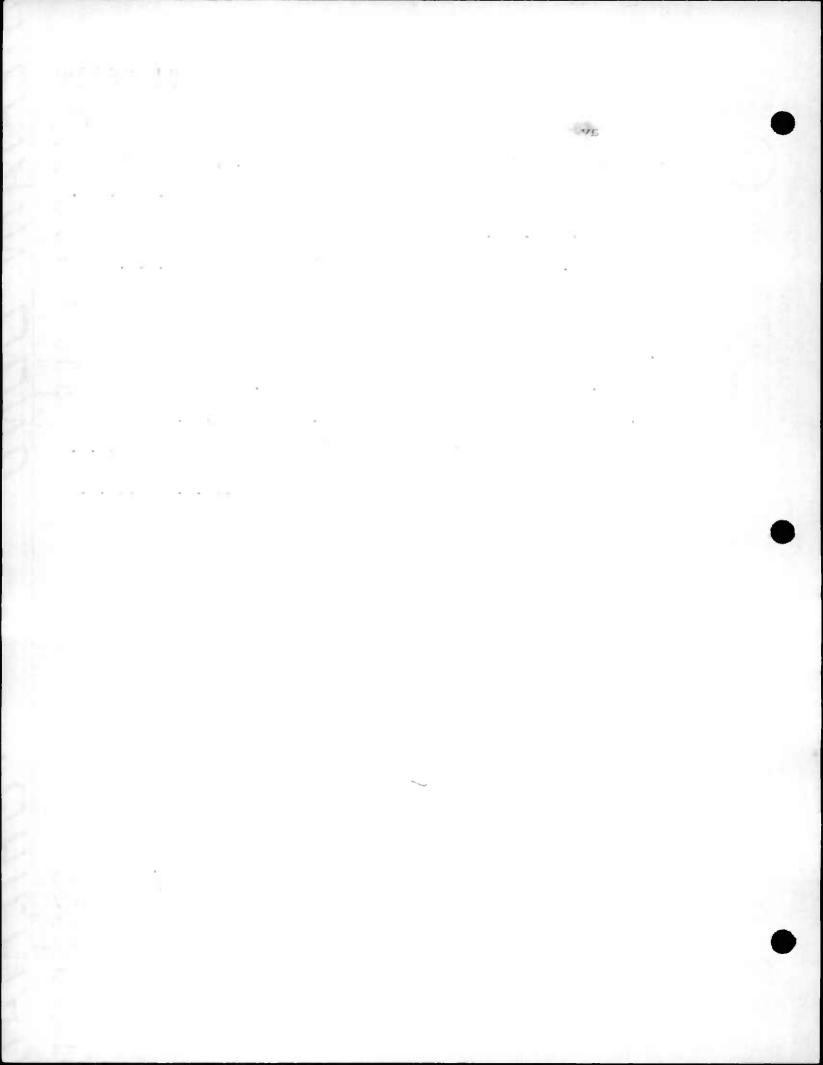
TO BE COMPLETED BY FUNERAL DIRECTOR

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be n	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 has find within 20 hours often death with the State Dent of Health and Marital Molene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be no
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE REGISTRAR  1. DECEDENT'S NAME (First, M		wils		CERTIFIC	ATE O	DEATH	2. DATE OF DEATH	ay G	YEAR !	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	ay	5. SEX	6. AGE (In yrs.	last hirthday) III	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	7	BIRTUR	LACE (State or Foreign
		1   M 2   F	61		HTHE DAYS	HOURS MIN.	(Month, Day, Year) Feb. 9 . 19		Country)	
214-94-081 B. FACILITY NAME (# not instituted)			61		b. CITY. TOWN	OR LOCATION OF DE	The second second	9c COUNT		inia
hEfare MESIDENCE OF DECE	0 1	(Erlosin	the Ho	SPICAL		erdale				. Co.
	Ob. COUNTY			10c. CITY, 1	OWN OR LOC	ATION				IOd. INSIDE CITY
Maryland	Pr. (	Geo. Co	•	Bren	twood	1				YES 2 ND
. STREET AND NUMBER					1	Of, ZIP CODE		10g. CITIZE	N OF WI	IAT COUNTRY?
1001 Utah	Ave.					20722		U.S	5.A.	
I. MARITAL STATUS  Never Married 2 M  Widowed 4 Divorce		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	ARMED	If yes,		NIC ORIGIN? (Specify Venn, Puerto Rican, etc.) y:	s or No— 1	4. RACE - Black, Specify	- American Indian, White, etc.
15. DECEE	ENT'S EDUC	ATION	16a,	DECEDENT'S US	UAL OCCUPA	TION	16b. KIND OF BU	ISINESS/INDU	STRY	
(Specify only it Elementary/Secondary (0-1)		completed) College (1-4 or 6		(Give kind of world life. Do NOT use r	k done during i etired.)	nost of working	Wester 11			
4th.	"			nemplo	yed		N/	A		
FATHER'S NAME (First, Mick	fie, Last)					18. MOTHER'S NA	ME (First, Middle, Maide	Sumame)		110
William O	. Wi	lson				Ocie	M. Ford			
a. INFORMANT'S NAME (Type	/Print)			19b. MAILING AL	ODRESS (Street	t and Number or Flural	Route Number, City or To	wn, State, Zip C	code)	
Sam M. Pe	rrin			4001 T	Itah I	Ave. Bre	entwood, N	id. 20	0722	2
METHOD OF DISPOSITION Burlet 2 Cremation	N Dome	and drawn Chata	20b. PLA	CE OF DISPOSIT	ION (Name of o	emetery, crematory or	20c. L	OCATION — CI	ty or Tow	n, State
□ Donation 5 □ Other (S		vai irom state	Roc	k Cree			Wa	shing	rtor	D.C.
. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE	1	,	22. NAME	AND ADDRESS OF FA	Takon	na Fur	nera	1 Home
<b>▶</b> //;//,	. ,	1.1					1 St.N.			
esuiting in death)  iequentially list condition i any, leeding to immeditause. Enter UNDERLYIN AUSE (Disease or injury	ete G	DUE TO	270	SEQUENCE OF:	ari	Teng c	lixor self My	rad	ial	
hat initiated events esulting in death) LAST	L.	Die	le K	M	elles	tes		info	570	An
PART II. Other significant	condition	contributing to	death but no	ot resulting in	the underly	Ing cause given in	Part I. 24a. WAS A PERFC 1   YES	RMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND
5. WAS CASE REFERRED TO	MEDICAL		1 11		26.	PLACE OF DEATH (C)	heck only one)		1	
1 YES 2 NO		HOSPITAL:	☐ ER/Outpetien		THER:	ome 5 🗆 Residence	6 Other (Specify)			
7. MANNER OF DEATH		28a. DATE Of (Month, I	INJURY	28b. TIME (		NJURY AT	28d, DESCRIBE HOW	INJURY OCCL	JRED	
1 Netural 5 P	ending vestigation	(MONO), I	ray, reer)	INJUI		YES 2 NO				
3 Suicide 6 C	ould not be stermined	28e. PLACE ( building	OF INJURY — A , etc. (Specify)	I home, farm, str	set, factory, of	fice	281. LOCATION (Street City or Town, State	t and Number o	or Rural Ro	oute Number,
one) 2 MEDIC	AL EXAMINE	R: On the basis of				, death occured at the	s to the cause(s) and m s time, date and place, s	and due to the	cause(s)	
96. SIGNATURE AND THEE	1	H	End	1 hegs	cian	D 198	F-97	≥ S	SIGNED	(Month, Day, Year)
V. SIN	ICH	7209	AH	an-We	1 Pa	husy	Cerent	elt	-M	d 2077
H. DATE FILED (Month, Day, W	-)	Lia Day	AR'S SIGNATUR	delle		0				



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	i the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.			
w requires this	been signed	of Health a	3 shows an			
ICIAN: The la	ertificate has	the State Deg	or item 2:			
NDING PHYS	R. After this c	or death with	is marked,			
L OR ATTE	L DIRECTOR	hours afte	item 28			
TO THE HOSPITAL	TO THE FUNERAL	be filed within 72	IMPORTANT: IL			
6						

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART	MENT OF H	EALTH AND	MENTAL HYGIEI		
)	1. DECEDENT'S NAME (First, Middle, Last)	Woo SARA		CERTIFICATE OF DEATH  KUO WOO				3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 578-60-4894	1 - M 2 X F 1	(In yrs. last birthday) OO YRS.	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Jan. 25,		BIRTNPLACE (State or Foreign Country) China
TOP	90. FACILITY NAME (If not institution, give SUBURBAN HOSPITA PRESIDENCE OF DECEDENT			96. CITY, TOWN O	OR LOCATION OF DI		9c. COUNTY	of DEATH Harnery
DIRECTOR	10a. STATE 10b. COUNT	ГҮ		town on Local				10d, INSIDE CITY LIMITS? 1 🔀 YES 2 🗌 NO
FUNERAL	3214 Quesada Str	eet, N.W.		101	20015			OF WHAT COUNTRY?
COMPLETED BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 XNO	If yes, sp	ENDENT OF NISPAN ecity Cuben, Mexica 22 NO Specifi	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)		RACE — American Indian, Black, Whita, atc. Specify: White
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	UCATION le completed)  College (1-4 or 5 +) 2	Ille. Do NOT use	ork done during mo retired.)	DN st of working		JSINESS/INDUST	
E COM	17. FATHER'S NAME (First, Middle, Last)  Kuo			eacner	Education, Private  16. MOTHER'S NAME (First, Middle, Malden Surneme)  Lan-Ying			
TO BE	19a. INFORMANT'S NAME (Type/Print) Pauline Tsui	(Daughter)				Route Number, City or Tox	vn. State, Zip Coo	
	20s. METHOD OF DISPOSITION 1X Burlai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of campelary, crematory or other place) FIG. Lincoln Cemetery  DATE 20c. LOCATION — City or Town, State 9-10  Brentwood, Maryland					, Maryland		
	21. SIGNATURE OF FACILITY Joseph Gawler's Sons, Inc. N.W. 5130 Wisconsin Ave., Wash. D.C. 20016					2. 20016		
CAL CE	23. PART I. Enter the diseases, or compleations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  BUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):							
	PART II. Other algorificant condition	F PATIE				Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  t  YES 2  NO
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 Inpatient 2 ER/Outpetient 3 DOA  4 Nursing Home 5 Residence 8 Other (Specify)							
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	N T N	RK? ES 2 NO	28d. DEŞCRIBE HOW	NJURY OCCURE	D
ETED	4 Homicide determined					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
COMPLETED	29a. CERTIFIER (Check only one)  1 t CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated.  2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.							
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIES	ing my			29c. LICENSE NUM 0 3219	.3	29d. DATE SIG	NED (Month, Day, Year)
	20. NAME AND ADDRESS OF PERSON VILLE  DOUGLAS R.  31. DATE FILED (Month, Day, Year)			Dougla 410	ROCK W	sing, MD.	#200	BETHESON
	SFP 09 '91	June Dandson	A Gondall					MODO

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely flied in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 nould be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENI
CERTIFICATE	OF DEATH	REG. NO.

1 - STATE REGISTRAR	STATE OF MARYLA		T OF HEALTH AND	MENTAL HYGIEN		1 23011			
1. DECEDENT'S NAME (First, Middle, Lest)	WAts	ON		2. DATE OF DEATH	Ž Ž	EAR 1 33/4 M			
4. SOCIAL SECURITY NUMBER  6/0 — 36 —> 2'  9e. FACILITY NAME (If not institution, give a	150 M 2 DF 9	7 YRS. MONTHS		7. DATE OF BIRTH (Month, Day, Year)	94	BIRTHPLACE (State or Foreign Country)  Michigan			
		me 34	VAY SAI	us, md.	mow.	450mery			
RESIDENCE OF DECEDENT  100. STATE  100. STREET AND NUMBER  17401 Norwood Rd:  11. Marital STATUS  1. Never Married  2. Married	y tgomery	10c. CITY, TOWN	OR LOCATION Spring			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZER	N OF WHAT COUNTRY?			
17401 Norwood Rd			20860		US.				
3 ¥ Widowed 4 □ Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DA	2 TNO	I WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 XNO Speci	en, Puerto Rican, etc.)	en or No   14	. RACE — American Indien, Black, White, etc. Specify: White			
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)		16a. DECEDENT'S USUAL. (Give kind of work done life. Do NOT use retired. HOUSEW	e during most of working )	10b. KIND OF BI	USINESS/INDUS	TRY			
17. FATHER'S NAME (First, Middle, Last)		nousew		AME (First, Middle, Maide	n Sumame)				
Wm C. Stewart			Marga	garet Kippen					
19a. INFORMANT'S NAME (Type/Print)			SS (Street and Number or Rural	Route Number, City or To	te Number, City or Town, State, Zip Code)				
Davis S. Watson			aster Ct; An						
20a. METHOD OF DISPOSITION  1	20a. METHOD Of DISPOSITION  1 Buriel 2 Cremelion 3 Removel from State  4 Donation S Other (Specify)  20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place)  Fort Lincoln Crematory  Brentwood, MD								
21. SIGNATURE OF FUNERAL SERVICE LI	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								
Clorke	Hines/Rinaldi Funeral Home 11800 New Hampshire Ave. Silver Spring, MD								
23. PART I. Enter the disesses, or shock, or heart feilure.  IMMEDIATE CAUSE (Finel disesse or condition resulting in death)	List only one cause on ea			cn ee cerdiec or res	piratory sires	Approximate Interval Between Onset end Deeth			
Sequentielly liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	Sequentially list conditions, If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
	ART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse give			PERF	PERFORMED?  1 YES 2 NO 24b. WERE AUTOPSY AWAILABLE PF COMPLETION OF DEATH?  1 YES 2 NO 1 YES 2				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?									
1 YES 2 NO 27. MANNER OF DEATH	1 Inputient 2 ER/Outp	28b, TIME OF	ursing Home 5 Residence 26c. INJURY AT						
	(Month, Day, Year)	INJURY	WORK7 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED					
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	3 Suicide 6 Could not be 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, stc. (Specify)			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
ema)	(Check only 129 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, dete and place, and due to the cause(a) and manner as stated.								
296. SIGNATURE AND TITLE OF CERTIFIE	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSI				SE NUMBER 29d. DATE SIGN				
Wrome MI. W.	ann_M	9	10531.	1124 19-3-91					
30. NAME AND ADDRESS OF PERSON WI	Philip Dr	ATH (ITEM 27) (Type, Print)	ma 208	32					
SEP 05 91 Day, Year)	una Davidson Ran	ATURE de PO							



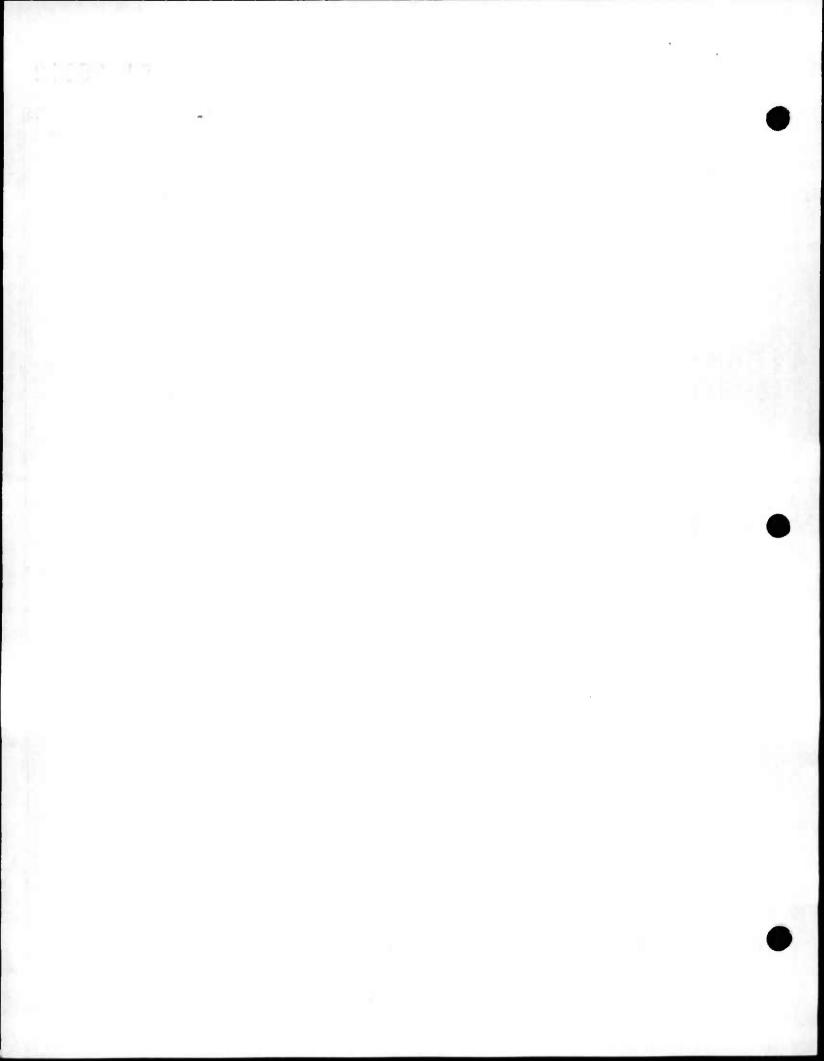
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)
SEP 1 1 191

32. REGISTRAR'S SIGNATURE

Ta Savidson-Randale

	1200						C	25812
	1 - STATE REGISTRAR	STATE OF MAI	RYLAND / DEP/ Certi	RTMENT OF FICATE O	HEALTH AND F DEATH	MENTAL HYGIEN		1 20012
	1. DECEDENT'S NAME (First, Middle, Last)  Amen	ARthu	R	Wat	ts	2. DATE OF DEATH		91 7:28 N
	4. SOCIAL SECURITY NUMBER  224–18–5460	1 X M 2 🗆 F	AGE (In yrs. lest birthde 72 yrs.	MONTHS DAYS	HOURS MIN.		919	B. BIRTHPLACE (State or Foreign Country) Virginia
TOR	90. FACILITY NAME (If not institution, give that Far) Me RESIDENCE OF PECEDENT	morial H	ospital	HOVE	OR LOCATION OF D	2 race		Y OF DEATH
DIRECTOR		y Harford	10c. C	Aberdeer				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	627 Colaine				21001		υ.	S.A.
BY FU	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 KD IF YES, GIVE WAR ( WW TT	YES 2 NO	If yes,	ECENDENT OF HISPA specify Cuban, Maxica S 2 XNO Specific	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) fy:	s or No— 1	4. RACE — American Indian, Black, White, atc. Specify:
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION	(Give kind o	'S USUAL OCCUPA' if work done during i use retired.)	TION nost of working	166. KIND OF BU	SINESS/INDUS	White
OMP	12 17. FATHER'S NAME (First, Middle, Lest)	2	Civil S	ervice	18. MOTHER'S NA	U.S.	Govt.	
BE	William Watts  190. INFORMANT'S NAME (Type/Print)		19h MAII II	IC ADDRESS /Ptoo	Emma (	Olinger Route Number, City or Tow		
10	Mrs. Marita W.	Watts				berdeen, M		
	20a. METHOD OF DISPOSITION  1 X Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)		20b. PLACE AND DAT cemetery crematory of Bel Alr	e of disposition ( other place) Memoria	Gardens			y or Town, State Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	Barra	1	Tarı			Home,	P.A.
	23. PART I. Enter the diseases, or a shock, or heart failure.	complications that ca List only one cause of	used the death, Do on each ilne.	not antar the m	oda of dying, suc	h as cardiac or resp	Iratory arres	Approximate interval Batween
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	. V	Cotrul		ly cas	In /Fi	6	Onset and Death Munut
NO	Sequentially list conditions,	L. Con	AS A CONSEQUENCE	Can	derigo	205		year.
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	с	AS CONSEQUENCE		00			
ERTIF	that initiated events resulting in death) LAST	d	AS A CONSEQUENCE	OF):				
PHYSICIAN: MEDICAL C	PART II. Other significant condition	s contributing to daa	th but not resulting	in tha underlyl	ng cause given in	Part I. 24a. WAS AN PERFOF	1/	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1  YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:	Outpatient 3 🗆 DOA	OTHER:	PLACE OF DEATH (Che			
ву рну	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28e. DATE OF INJU (Month, Day, Ye	JRY 286. TI	ME OF 28c. IN	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCUP	RED
	3 Suicida 8 Could not be determined	28e. PLACE OF INJ building, atc. (	IURY — At home, farm (Specify)	street, factory, offi	ca	281. LOCATION (Street a City or Town, State)	and Number or	Rural Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINE	CIAN: To the best of my k	nowledge, danth occur	red at the time, dat	e and plece, and due death occured at the	to the cause(a) and mar	ner as stated.	myse(s) and manner as stated.
O BE	290. SIGNATURE AND TITLE OF CERTIFIER	au			291. LICENSE NUM		29d. DATE S	/ /
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	F DEATH (ITEM 27) (No.	a Print)			-	7 - 7



YEAR

1991

3. TIME OF OEATH 455

> > Approximata Intarval Between **Onset and Death**

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?

2. DATE OF DEATH MONTH

DAY 10

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Migldle, Last)

4. SOCIAL SECURITY NUMBER

Sara

VICGINIA

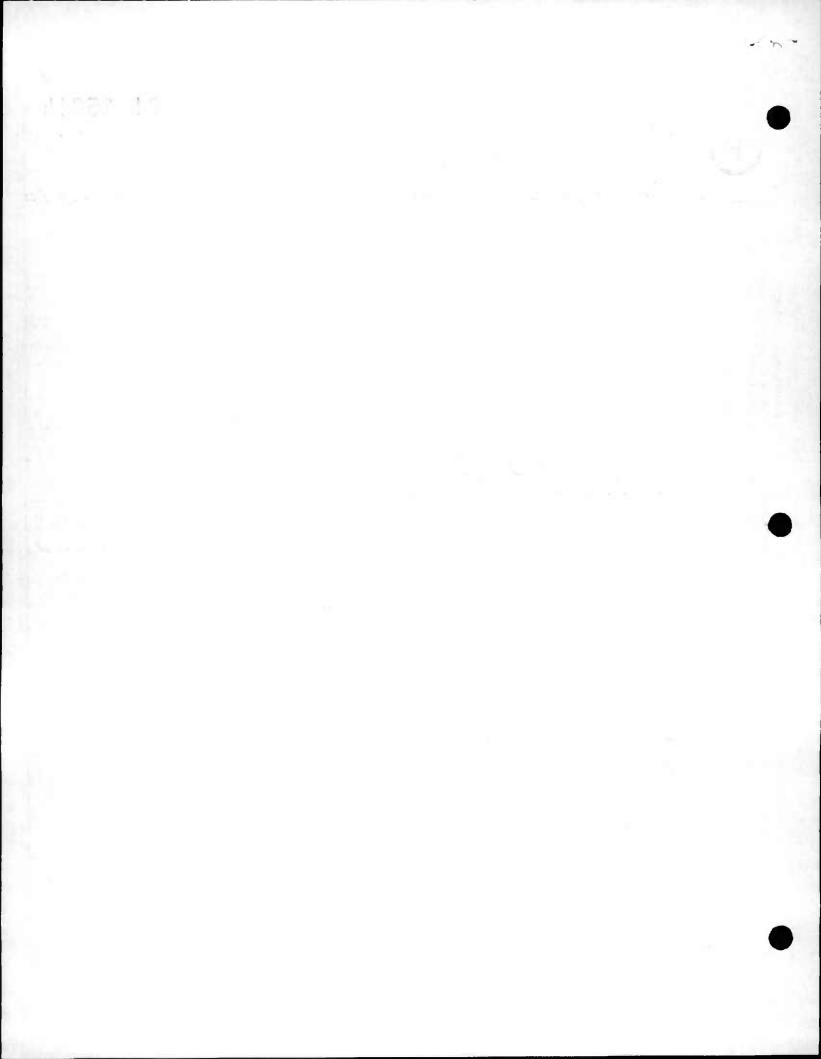
5. SEX

		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In y	rs. last birthday)	IF UNDER	1 YEAR	IF UNDER 2	4 HRS. 7,	DATE OF BIRTH		8. BIRTHPLACE	(State or Foreign
	1	215- 32-8967	1 M 2 X F	55	YRS.	MONTHS	DAYS	HOURS	MM.	9/26/35		Country)	_
	1	9s. FACILITY NAME (If not institution, give	street and number)			9h CITY	TOWN	OR LOCATION	N OF DEATH		1 0000	Maryla	and
LE	E	11 1 11 11	11 11		1						9c. COU	1	- 1
~	PE.	RESIDENCE OF DECEDENT	TIAL H	spila	<u> </u>	MINCO	120	16 5	MACE	Hd.		tar-o	rd
Ges	DIRECT	10s. STATE 10b. COUN	ITY	1	10c. CIT	TY, TOWN C	OR LOCAT	ION				10d. (	NSIDE CITY
& 	5	Maryland I	Harford		Ab	erdee	en					1	LIMITS?
E G		10e. STREET AND NUMBER					-	. ZIP CODE			10- 017	ZEN OF WHAT C	YES 2 NO
isi p	FUNERAL	606 Edmund Sta	root				"	210	Λ1			J.S.A.	OUNTRY?
cian. Ftran	=	11. MARITAL STATUS	12. WAS DECEDEN	IT EVED IN III	C ADMED	1 40	WE 0 000						
physician. burial-transit permit. Pages		1 Never Married 2 Married	FORCES? 1	YES 2	ZNO		If yes, sp	ecify Cuban,	Maxican, Pt	RIGIN? (Specify Yearto Rican, atc.)	s or No-	14. RACE - Am Black, While	ierican Indian, i, atc.
	à	3 Wildowed 4 X Divorced	IF YES, GIVE V	WAR OR DATES	S		1 YES	2X NO	Specify:			Specify:	
		15. DECEDENT'S EC		18	a. DECEDENT'S	USUAL O	CCUPATIO	N .		16b. KIND OF BU	ISMESS (IMP	Black	
5		(Specify only highest gra- Elementary/Secondary (0-12)	College (1-4 or 5		(Give kind of life. Do NOT us	work done i	during mo	st of working		TOU. KIND OF BO	SINESSAND	USTRY	
spita	4	10	0		Custod	ian				Boar	d of	Educati	ion
the hospital detached fo	COMPLETED	17. FATHER'S NAME (First, Middle, Last)						49 MOTHE	Die Maser /			Daucac	
> 2 %	Ш	Jacob Alfre	ed Giles							First, Middle, Maider	Sumame)		
should the	8	19s. INFORMANT'S NAME (Type/Print)	34 01103		401 411 111				a Ken				
5 5	임	Bertha M. Huto	chine		326 1	Do 1+	S (Street a	nd Number o	r Rural Route	Number, City or Your Town	vn. State, Zlp	Code)	11
2 2 2			ZIIIIIS				=		, ADE	rueen, r	агута	uid ZIU	) I
E - 10	1 1	20g. METHOD OF DISPOSITION 1 LA Burisi 2 Cremation 3 Re	moval from State	cemeter	ACE AND DATE	OF DISPOS	ITION (Na	me of				City or Town, Sta	
Page 6 mill director,		4 Donallon 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE L	1051055	Un	ion Me					9/14 Ab	erdee	n, Mary	/Land
death. Pag tuneral dir I. examiner	1 1	I SUNTER SERVICE L	ICENSEE /	7		22. Tra	NAME AN	D ADDRESS	OF FACILITY	uneral H	lome	DΔ	
		Konnett	B. Ko	100		7 ነ	Som	non i	Marrel.	and 210	101 22	200	
# 5 E 3		23. PART i. Enter the diseases, or	complications tha	t caused the	a dasth. Dp r	not anter	the mo	da Df dvino	n such as	cardiac or responses	instant am	eet l	A non-view (A)
Do P		arrowl or mount range	. Liat only one cau	sé Dn sach	lina.			a bi cynig	g, sucii as	cardiac Dr resp	iratory arm	PSI,	Approximata Intarval Betwe
24 fille		IMMEDIATE CAUSE (Finel disease or condition	W2		. /	-	0	-/				9	Onset and De
d within ompleter I, crema		resulting in dasth)	a. / e	pire	ator	7 1	Tec	, Lu	re				
	1_1		1/1	AUH AS A CO	NSEQUENCE OF	<del>7</del> 1:			p				
th certificate be executed ending physician and con Hygiene prior to burlat, or other traumatic en	O	Sequentially list conditions,	b. Mes	207	atre	·	er	14	are	2000	21		
	F	if sny, lasding to immediats cause. Enter UNDERLYING	DOE 10	(OH AS A CO	NSEQUENCE OF	F):	1	^/		11	_	4	
ficate be physician ne prior t	유	CAUSE (Disesse Dr Injury	c. Due m	(OD AS A CO	10m	-	01	1	191	V DY	easi		
ding lygier	Ē	that initiated events resulting in death) LAST	502 10	(OR AS A COI	NSECUENCE OF	F):						-	
attending mtal Hygie	CERTIFICATION		d										
Me Me	- 1	PART II. Other aignificant condition	ons contributing to	death but n	not resulting I	n ths un	deriving	causa oly	en in Part	I. 24a, WAS AN	AUTOPSV	24h WERE	AUTOPSY FINDING
that the ed by the and the and le	MEDICAL		-		- 10			14 (20)		PERFO	RMED?	AVAILA	BLE PRIOR TO
signed Health a										1 TYES	NO	DF DE	ETION OF CAUSE ATH?
The law requires that te has been signed by ate Dept. of Health an em 23 shows any	1.0											1 🗆 Y	ES 2 NO
bas b Dept.	AN	25. WAS CASE REFERRED TO MEDICAL											
The	1 0 H	EXAMINER?	HOSPITAL:			OTHER		ACE OF DEA	TH (Check or	nly one)			
CIAN ertific	PHYS	1 YES 2 NO	1 Inpatient 2		nt 3 🗆 DOA	4 🗆 Nurs	ing Home	5 🗆 Rasio	dencs 6 🗆	Other (Specify)			
his c	F	27. MANNER OF DEATH  1 Netural 5 Pending	26s. DATE OF (Month, De		28b, TIM	E OF URY	28c. INJU	RY AT	28d	DESCRIBE HOW	NJURY OCC	URED	
VG P ter ti ath	B	2 Accident Investigation				M		ES 2   1	NO				
R: A		3 Suicida 8 Could not be	28s. PLACE Of building.	F INJURY — A stc. (Specify)	At home, farm, s	treet, facto	ory, office		281.	LOCATION (Street	and Number (	or Rural Route Nu	mber,
ATT	E	4 Homicide determined		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						City or Town, State)	-		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: TO THE FUNERAL DIRECTOR: After this certifica be filed within 72 hours after death with the St. IMPORTANT: If Item 28 is marked, or Ite.	COMPLET	29s. CERTIFIER (Check only	SICIAN: To the best of	my knowledge	death occurre	ed at the tir	ma data	and allows					
PITAL ERAL 72 n	N N	one) 2 MEDICAL EXAMIN	ER: On the basis of sa	amination and	d/or investigation	n. In my or	ninion de	ath proused	et the time	e cause(a) and mai	iner as state	d.	
FUN WITH	8			1		., , .,	pillion, de	stir occured	or the time,	data and place, an	d dus to the	cause(s) and m	anner as stated.
로 포 를 등	8	29b. SIGNATURE AND TITLE OF CERTINA	March L	_				29c. LICENS	SE NUMBER	4 - 6	29d. DATE	SIGNED (Month,	Day, Year)
668₹	2		tond	3				DI	454	14	<b>&gt;</b> 2	ept 10	2/9/
		30. NAME AND ADDRESS OF PERSON W									1		
			MERL	ILL	C 4	00	LE	WS	27	T HA	VRE	DE	GRAS
		SFP 1 1 '91	32. REGISTRA	R'S SIGNATUR	RE								MIL
,	الِــــا	ocr (1 9)	32. REGISTRA	Davidson	Banda	2							1210
					-								18

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

OHMH-18 Rev 1/89

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF	HEALTH AND N	MENTAL HYGIENI REG. NO.	E 41-	25	214
1	1. DECEOENT'S NAME (First, Middle, Le	G. REENWELL	Wor	SR		2. DATE OF DEATH DAY	9 199	EAR 5. TIME 0	DEATH &
	218-14-3690  9e. FACILITY NAME (If not institution, given	1 2 F	In yrs. last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	- 23 N	BIRTHPLACE (Sta Country) IARYLAND	te or Foreign
CTOR	So. MALY!	AND HOSI	PITAL		CLUTON		Pri		Konbe
AL DIRE	MARYLAND ST.	MARY's		LEMENTS				10d. INSID LIMIT 1 YES	87 2 X NO
FUNERA	P.O. BOX 126	12. WAS DECEDENT EVER IN	IIIS ADMED		20624		U.	S.A.	
ВУ	1 Never Married 2 X Married 3 Wildowed 4 Divorced	FORCES? 1 YES	2 X NO	If yes, s	pecify Cuben, Maxican S 2 NO Specify:		or No — 14.	RACE — America Black, White, etc Specify: WHITE	n Indian,
COMPLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) 6TH GRADE	DUCATION side completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT u		ON ost of working	166. KIND OF BUS			STRATI
ш	17. FATHER'S NAME (First, Middle, Lest)	OD			18. MOTHER'S NAM	IE (First, Middle, Maiden S L. GRA			
TO B	190. INFORMANT'S NAME (Type/Print) CHARLES R. BUSEY	, SR.	P.O.	BOX 87,	and Number or Rural Ro HUGHESVII	oute Number, City or Town.	. State, Zip Coo AND 2	^{de)} 20637	
	20a_METHOD OF DISPOSITION 1	CF	PLACE AND DATE		GARDENS S	9/2/91 LE		Or Town, State	RYLANI
	Michael	l X Han	dine	P.O.	INGLEY-GAI BOX 270.	RDINER FUN LEONARDTO	WN. MA	RYT.AND	A. 20650
	23. PART / Enter the disessee, o shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. List only one cause on as	ich lina.					intar	roximate vai Batwean et end Daath
ERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. Arter  DUE TO (OR AS A C  DUE TO (OR AS A C	CONSEQUENCE OF	artes	ng dis	ei vasen	en	blokes	el
MEDICAL C	PART II. Other significant condition	ons contributing to death bu	nt not resulting	In the underlyin	g cause given in P	art I. 24e. WAS AN A PERFORM	ED?	246. WERE AUTO AVAILABLE F COMPLETION DF DEATH?	PRIOR TO N OF CAUSE
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMPLER?  1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (Chec				
ВУ РНУ	27. MANNEB OF DEATH  1 Netural 5 Pending 2 Accident Investigation	1 Inpetient 2 INFR/Outpet  28a, DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 26c. INJ	URY AT PRES 2 NO	Other (Specify)  28d. DESCRIBE HOW IN.	JURY OCCURE	EO	
3	3 Suicide 6 Could not b	26a PLACE OF IN HIPV	At home, ferm, a	street, fectory, offic	•	261. LOCATION (Street an- City or Town, State)	d Number or R	lural Route Number,	
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHY 2 MEDICAL EXAMII	SICIAN: To the beat of my knowle	dge, death occurry and/or investigation	ed at the time, date	and place, and due to	the cause(a) and mann	er as atated. due to the ca	use(a) and manne	r se stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	alle, M. T	D.		29c, LICENSE NUMB 21287	9	29d. DATE SIG	GNEO (Month, Day,	Year) 1
	31. NAME AND ADDRESS OF BERSON WAR FILED (Month, Day, Year)		101 116	FTON C	DR. LAK	eco, MO	20	772	
	CED O Z 10	32. REGISTRAR'S SIGNAT	Tandal Randal	20					



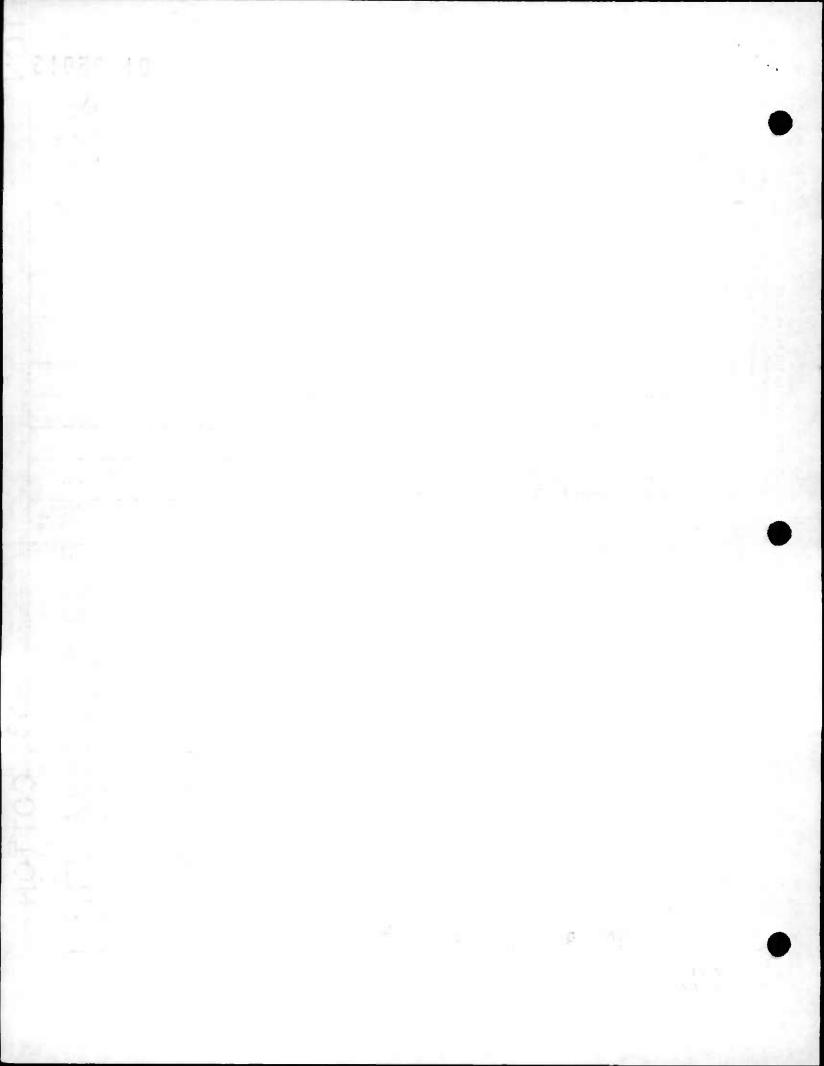
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<b>BALTIMORE, MARYLAND 21215-</b>	8	Pine
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	#	=
<b>DRDS, P.O. BOX 68760</b> ,	that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attendi	ed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as t

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.									100
	. DECEDENT'S NAME (First, Middle, Last)  MARGARET W]	ILHELMINA	WOOD			MONTH	EMBER 2	2, 199	3. TIME OF DEATH
-	SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)		EAR IF UNDER 24 HF	$\rightarrow$			RTHPLACE (State or For
19	- 110 - 11 - 11 - 110 - 110	1 M 2 VF			MYS HOURS MI	(Month.	Day, Year)	Co	ountry)
- 11	579-54-6302	- X	46 YAS.				21, 194		ARYLAND
	e. FACILITY NAME (If not institution, give st	treet and number)		96. CITY, TO	OWN OR LOCATION O	F DEATH	9	c. COUNTY O	OF DEATH
5	AT HOME, BAYSIDE	ROAD		CLE	MENTS			ST. M	ARY'S
5 F	RESIDENCE OF DECEDENT On, STATE 10b, COUNTY	,	1.0.0	TY, TOWN OR I					10d, INSIDE CITY
<u> </u>			100. 01						LIMITS?
		MARY'S		CLEME					1 🗌 YES 2 💢
ਫ਼ । "	0e. STREET AND NUMBER				10f. ZIP CODE		1	log. CITIZEN C	OF WHAT COUNTRY?
FUNERAL	P.O. BOX 66				20624			U.S.A	
בָּן בַּ	1. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 \( \subseteq \)	ER IN U.S. ARMED		S DECENDENT OF HIS			No- 14. R	RACE — American India Black, White, etc.
. 11 .	Never Married 2   Married  □ Widowed 4 □ Divorced	IF YES, GIVE WAR O			YES 2 XNO S		,,		Specify:
									WHITE
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18a. DECEDENT'	f work done dun	UPATION ing most of working	18b.	KIND OF BUSIN	IESS/INDUSTR	TY .
	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT	use retired.)	-				
린	2	YEARS	TEA	CHER			COUNTY	Y GOVE	RNMENT
COMPL	7. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	S NAME (First, M	liddle, Malden Sur		L. Carelonia
w I	JOSEPH ARTHUR (	GRAVES			FRAI	NCES		TAI	ATHEN
0	9a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	IG ADDRESS (S	Street and Number or A		er, City or Town, S		
0 1	TRANCIS G. WOOD, S	SR			6. X CLI				
	ROBERTHOD OF DISPOSITION	JIV.	20b. PLACE AND DA			DATE			0624 or Town, State
1	N Burial 2 - Cremation 3 - Ram	oval from State	of cemetary, cremato	ry or other plac	(e)	1	7.00		
10-	H. SIGNATURE OF FUNERAL SERVICE LIC	THOSE //	CHARLES M		L GARDENS		LEO	VARDTO	WN. MARYL
	The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa	2/6	1.		TINGLEY-(		R FINE	RAT. HO	ME PA
	Michael 7	Staro	liner		BOX 270				
		-DUE TO JOD		OD:	X -	1			1.11-77
ICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. DUE TO (OR	AS A CONSEQUENCE	OF)ı	of Brs	uf			14
CERTIFICATI	if any, leading to immediata cause. Enter UNDERLYING	b. DUE TO (OR c. OUE TO (OR	AS A CONSEQUENCE	OF):	A Bus	n in Part i.	24e. WAS AN AU		
MEDICAL CE	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR c. OUE TO (OR	AS A CONSEQUENCE	OF):	A Bus	on in Part i.	24e. WAS AN AU PERFORMI 1 YES 2	ED?	AVAILABLE PRIOR COMPLETION OF OF DEATH?
MEDICAL CE	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR c. OUE TO (OR	AS A CONSEQUENCE	OF):			PERFORMI	ED?	AVAILABLE PRIOR COMPLETION OF OF DEATH?
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MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	DUE TO (OR  OUE TO (OR  d.  na contributing to dea	AS A CONSEQUENCE  AS A CONSEQUENCE  th but not resulting	OF):  OF):  OF):  OTHER: 4   Nursin	26. PLACE OF DEATING Home 5 Reside	H (Check only on	PERFORMI 1 YES 2	ED?	AVAILABLE PRIOR COMPLETION OF (OF DEATH?)  1 YES 2
PHYSICIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	b. DUE TO (OR c. OUE TO (OR d	AS A CONSEQUENCE  AS A CONSEQUENCE  Th but not resulting  (Outpetlant 3 DOA  JRY 28b. T	OF):  OF):  OF):  OTHER: 4   Nursin   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY   MURY	26. PLACE OF DEATING Home 5 Reside 8c. INJURY AT WORK? 1 YES 2 NO	H (Check only on	PERFORMI  1 YES 2   o)  r (Specify)	ED?	AVAILABLE PRIOR COMPLETION OF OF DEATH?
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O BE COMPLETED BY PHYSICIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only One)  2 MEDICAL EXAMINITY	DUE TO (OR  C.  OUE TO (OR  d.  HOSPITAL:  1   Inpetiant 2   ER.  28a. DATE OF INJ.  (Month, Day, M.  28a. PLACE OF IN.  building, etc.  ICIAN: To the best of my left.	AS A CONSEQUENCE  AS A CONSEQUENCE  The but not resulting  (Outpatient 3 DOA  JRY 28b. T  JURY At home, farm (Specify)  Anowledge, death occuration and/or investigations.	OF):  OF):  OF):  OTHER: 4   Nursin  IME OF NJURY M  Arred at the time atton, in my opin	28. PLACE OF DEATI ng Home 5 Reside 8c. NJURY AT WORK? 1 YES 2 Ni y, office we, date and place, and	H (Check only or once 8 Other 28d. DES O 28f. LOC City d due to the case at the time, data	PERFORMI  1 YES 2  e)  r (Specify)  ICRIBE HOW INJ  ATION (Street and or Town, Stete)  ISSE(a) and manner  and place, and of	IURY OCCURE  d Number or Ri  er as stated, due to the care	AMALABLE PRIOR COMPLETION OF OF DEATH?  1  YES 2    D  Ural Route Number,  use(a) and manner as
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	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be obtained for una filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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BALTIMORE, MARYLAND 21215-0020	urs after death, Page 6 may be retained by the hospital or attending physician.	in by the funeral director, page 5 should be detached for use as the burial-transit removal.	edical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit, be filed within 72 hours after death with the State Debt, of Heath and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF	MARYLAND /	<b>DEPARTMENT</b>	0F	HEALTH	AND	MENTAL	HYGIE	NE
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RAYMOND						II.	7	MONTH	OF DEATH	AY	YEAR	3. TIME OF DEA	гн
								SEP'	T. 10,	199	1	11:10	Α.
4. SOCIAL SECURITY NUMBER 578-01-4671	2 17.5	EX ( M 2 🗆 F	8. AGE (in yrs. les	YRS.	IF UNDER 1 YE	AR IF UNDI	MIN.	(Month.	DE BIRTH Day, Year)	1908	Country	PLACE (State or F v) NNECTIC	
9a. FACILITY NAME (If not insti ST. MARY 'S RESIDENCE OF DECE	NURSING					EONAR		EATH		9c. COU	MA	EATH	
	IOB. COUNTY			10c. CIT	Y, TOWN OR L	OCATION					Т	10d. INSIDE CIT	r
MARYLAND	ST. MA	RY'S		CO	LTONS	POINT						LIMITS?	NO
10e. STREET AND NUMBER						101. ZIP CO	DE			10g. CIT	ZEN OF W	HAT COUNTRY?	
P.O. BOX 17	9					200	526			U	.S.A		
11. MARITAL STATUS 1 Never Merried 2 M M 3 Widowed 4 Otvorce	arried F	WAS DECEDENT ORCES? 1 F YES, GIVE W	EVER IN U.S. AR YES 2 X I	MED NO	If ye	DECENDENT s, specify Cut YES 2 X N	an, Maxica	an, Puerto R		s or No—	Specif	— American Ind c, Whita, etc. fy: WHITE	en,
15. DECEE (Specify only I Elementary/Secondary (0-1) 1 2		lege (1-4 or 5+)	(G life				king	16b.	KIND OF BU	SINESS/INC		WILLID	
17. FATHER'S NAME (First, Mide	tle, Last)					16. MO	THER'S NA	AME (First, N	fiddle, Maiden	Sumame)			
JAMES T. WO	ODS					(	CATHE	ERINE	DRISC	COLL			
19a. INFORMANT'S NAME (Тур	e/Print)		19	b. MAILING	ADDRESS (St	treet and Numb	er or Rural	Route Numb	er, City or Tow	n, State, Zic	Code)		_
MRS. IVA M.	WOODS		P	.0.	BOX 17	9, COI	TONS	POI	NT, MA	ARYLA	ND 2	0626	
20e, METHOO OF DISPOSITIO	N 3 - Removal fr	rom State			E OF DISPOSIT			DATE	20c. LC	CATION -	City or To	wn, Steta	
4 Donation 5 DOther (S	Specify)		QUEE	N OF	PEACE				3 HEI	EN,	MARY	LAND	
21. SIGNATURE OF FUNERAL	SERVICE LICENSER	2	1211	7	BRI	NSFIEI	LD FU	JNERAJ		•		LAND 20	6 E (
Sequentielly list condition if any, leeding to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated eventa	ete IG c	Sere.	OR AS A CONSE	QUENCE O	F):	ch	chy	hi					
resulting in desth) LAST	d											į	
PART II. Other eignificen	t conditions con	ntributing to	death but not	resulting	In the under	rlying couse	given in	Part I.	24a, WAS AI PERFO 1 YES	RMEO?	24b	WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2	CAUSE
1111	MEDICAL		death but not	resulting		rlying couse			PERFO	RMEO?	24b	AVAILABLE PRIOR COMPLETION OF OF DEATH?	TO CAUSI
PART II. Other eignificen  25. WAS CASE REFERRED TO EXAMINER?  1 □ YES 2	MEDICAL HO	SPITAL:	death but not		QTHER:		OEATH (C	heck only on	PERFO 1 VES	RMEO?	24b	AVAILABLE PRIOR COMPLETION OF OF DEATH?	CAUS
PART II. Other eignificen  25. WAS CASE REFERRED TO EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH    National   5   P	MEDICAL HO:	SPITAL:	ER/Outpetient :	3 DOA	OTHER: 4 Nursing 4E OF 284	26. PLACE OF	OEATH (C	heck only on	PERFO 1 VES	RMEO?		AVAILABLE PRIOR COMPLETION OF OF DEATH?	CAUS
25. WAS CASE REFERRED TO EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Accident  3   Suicide 6   C	MEDICAL HO:	SPITAL: Inpatient 2 C 26a. DATE OF (Month, Di	ER/Outpetient :	3 DOA	OTHER: 4 Nursing AE OF 284 JURY M 1	26. PLACE OF  J Home 5   c. INJURY AT  WORK?  I YES 2	OEATH (C	heck only on 6  Othe 28d. DES	PERFO  1 YES  (e)  (specify)  CRIBE HOW	INJURY OC	CURED	AVAILABLE PRIOR COMPLETION OF OF DEATH?	CAUS
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 HO  27. MANNER OF DEATH  MISURAL 2 Accident 3 Suicide 6 C 4 Homicide  29a. CERTIFIER (Check only	MEDICAL HO	SPITAL: Inpettent 2   26a. DATE OF (Month, Di  26a. PLACE Of building,	ER/Outpetient S INJURY ny, Year) F INJURY — At he etc. (Specify) my knowledge, de	3 DOA 26b, Tihi	ATHER: 4 Nursing AE OF 28- JURY M 1 street, factory,	26. PLACE OF  Home 5  C. INJURY AT WORK?  I YES 2  office	OEATH (C	be to the cau	PERFO  1 YES  (specify)  CORIBE HOW  ATION (Street rown, State	INJURY OC	CURED  or or Rural I	AMALABLE PRIOR COMPLETION 1 YES 3	TO CAUS
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 HO  27. MANNER OF DEATH  MISURAL 2 Accident 3 Suicide 6 C 4 Homicide  29a. CERTIFIER (Check only	MEDICAL HO: 1 ending ending evestigation ould not be etarmined  FYING PHYSICIAN: AL EXAMINER On	SPITAL: Inpettent 2   26a. DATE OF (Month, Di  26a. PLACE Of building,	ER/Outpetient S INJURY ny, Year) F INJURY — At he etc. (Specify) my knowledge, de	3 DOA 26b, Tihi	ATHER: 4 Nursing AE OF 28- JURY M 1 street, factory,	26. PLACE OF  3 Home 5   c. INJURY AT  WORK?  1 YES 2  office  data and pla  lion, dasth occ	OEATH (C	28d. DES	PERFO  1 YES  (specify)  CORIBE HOW  ATION (Street rown, State	INJURY OC and Numbe	r or Rural I	AMALABLE PRIOR COMPLETION 1 YES 3	atatec
25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 MO  27. MANNER OF DEATH  2 Accident 3 Suicide 6 Cd 4 Homicide  29a. CERTIFIER (Check only one)  2 MEDIC	MEDICAL HO: 1 ending ending evestigation ould not be etarmined  FYING PHYSICIAN: AL EXAMINER On	SPITAL: Inpettent 2   26a. DATE OF (Month, Di  26a. PLACE Of building,	ER/Outpetient S INJURY ny, Year) F INJURY — At he etc. (Specify) my knowledge, de	3 DOA 26b, Tihi	ATHER: 4 Nursing AE OF 28- JURY M 1 street, factory,	26. PLACE OF  Home 5   C. INJURY AT WORK?  I YES 2  office  , data and pla ion, dasth occ	OEATH (CI	be to the cause time, data	PERFO  1 YES  (specify)  CORIBE HOW  ATION (Street rown, State	INJURY OC and Numbe	r or Rural I	AMALABLE PRIOR COMPLETION OF DEATH?  1 YES 2  Poute Number,  a) and manner as	atatec
25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 MO  27. MANNER OF DEATH  2 Accident 3 Suicide 6 Cd 4 Homicide  29a. CERTIFIER (Check only one)  2 MEDIC	MEDICAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO HOTO HOTO HOTO HOTO HOTO HOTO HOT	SPITAL: Inpettent 2  26a. DATE OF (Month, Di 26a. PLACE OI building,  To the best of the	ER/Outpetient 3 INJURY by, Year) F INJURY — At he etc. (Specify) my knowledge, detamination and/or	3 DOA 26b. Tilk IN. ome, farm,	ATHER: 4 Nursing ME OF 28- JURY M 1 street, factory, red at the time, on, in my opini	26. PLACE OF  Home 5   C. INJURY AT WORK?  I YES 2  office  , data and pla ion, dasth occ	OEATH (CI	be to the cause time, data	PERFO  1 YES  (specify)  CORIBE HOW  ATION (Street rown, State	INJURY OC and Numbe	r or Rural I	AMALABLE PRIOR COMPLETION OF DEATH?  1 YES 2  Poute Number,	atatec
25. WAS CASE REFERRED TO EXAMINER?  1   YES 2 NO  27. MANNER OF DEATH  Natural 5   P.  2   Accident 3   Suicide 6   C.  4   Homicide 6   C.  29a. CERTIFIER (Check only one) 2   MEDIC  29b. SIGNATURE AND TITLE C.  30. NAME AND ADDRESS OF	MEDICAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO TOTAL HOTO HOTO HOTO HOTO HOTO HOTO HOTO HOT	SPITAL: Inperient 2 DE DATE OF (Month, De) 26e. PLACE Of building, To the best of the best of an	ER/Outpetient 3 INJURY by, Year) F INJURY — At he etc. (Specify) my knowledge, detamination and/or	3 DOA 26b, TiM IN. ome, farm, eath occur investigati	Street, factory, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in my opinion, in m	26. PLACE OF  J Home 5   C. INJURY T WORK?  I YES 2  J office  J deta and pla	OEATH (CI	28d. DES 28d. LOC City  18d to the cause time, data	PERFO  1 YES  (specify)  Fr (Specify)  ATION (Street or Town, State  and place, a	and Number as stand due to to	r or Aural I	AMALABLE PRIOR COMPLETION OF DEATH?  1 YES 2  Poute Number,  a) and manner as	atatec

Girija

S.

31. DATE FILED (Month, Day, Year)
SEP 1 0 91

Rath M.D

	FOR STATE REGISTRAR	STATE OF I	MARYLAND / I		TMENT (				MENTAL	HYGIEN REG. NO.	_E 9	1	258	18
	1. DECEDENT'S NAME (First, Middle, Last)		CL	NI III	CAIL	OI L	)LA	111	2. DATE C			3.7	ME OF DEAT	гн
	Clarence	Albout		Mh-	ite.	7			MONTH	0/		EAR	State of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state	
		Albert				Jr.			7. DATE O		7 199		)1:58 E (State or Fe	
1	4. SOCIAL SECURITY NUMBER 578-03-8026	5. SEX	6. AGE (In yrs. last 72	YRS.	WONTHS I		IF UNDER	MIN.	7. DATE 0 (Month, 1-6-	1919		Country)	gton,	-
	9a. FACILITY NAME (If not institution, give :				9b. CITY, T	OWN OR	LOCATI	ON OF O	EATH		9c. COUNTY	OF DEATH		
9 G	Physicians Memori	al Hospi	tal		Lal	Plat	a					Char1	es	
125	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT	Y		10c. CITY	Y. TOWN OR	LOCATIO	ON					10d.	INSIDE CITY	γ
DIRECTOR	MARYLAND CHARL	_ES		Н	UGHES								LIMITS?	NO
FUNERAL	518 CHARLES STREE						2063				10g. CITIZEI	USA	COUNTRY?	
BY FUN	11. MARITAL STATUS  1 Never Married 2 X Merried  3 Widowed 4 Divorced	12. WAS DECEDED FORCES?  IF YES, GIVE	NAEVER IN U.S. ARM 1 YES 2 NO WAR OR DATES	AED O					NIC ORIGIN: in, Puerto R y:	? (Specify Yellican, etc.)	or No — 14	RACE - A Black, Wh Specify: W		len,
	15, DECEDENT'S EDU (Specify only highest gred	JCATION	16a. DEC		USUAL OCC			ina	16b.	KIND OF BU	SINESS/INOUS	TRY		
PLETE	Elementary/Secondery (0-12) 8TH GRADE	College (1-4 or 5	+) life.	MBER	e retired.)				١,	PLUMB)	NG			
COMPL	17. FATHER'S NAME (First, Middle, Last)		1 20	IDEIX			18. MOT	HER'S NA		liddle, Meiden				
BE	CLARENCE ALBERT N	HITE, SR									TH DOY			
10	190. INFORMANT'S NAME (Type/Print) ELIZABETH I. WHIT	F									n, State, Zip Co		2063	7
	200 METHOD OF DISPOSITION		20b. PLACE C	F DISPO	SITION (Nam	e of ceme	etery, cre	matory or			CATION - CIT			
	1 X Buriel 2 Cremation 3 Rer 4 Dopetion 5 Other (Specify)	noval from State	MARYL	AND '	-					CHE	LTENHA	M, M	ARYLA	ND
3	MICHAEL K. BL	ANKENSHI	P, M0085	7				156.	П		MARYL			-
	23. PART I. Enter the diseases, or shock, or heart fellure	. List only one ca	use on each line.	_	not enter t	ha mod	a of dy	ying, suc	ch aa card				Approxin	nate Between
	immediate Cause (Final disease or condition reaulting in death)	e. Car	O (OR AS A CONSEC	UENCE O	MEN	y	H	WS)	-					
z		. mul	6 orfar	,	fail	ure								
OIT	Sequentially list conditions, if eny, leading to immediate	DUE TO	O (OR AS A CONSEG	UENCE 9	F):									
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	c v	OVALA.	UENCE O	P:									
CERTIFICATION	that initiated events resulting in death) LAST	4		,_,_,										
핑		d												
¥	PART II. Other algorificant condition	one contributing t	. 0	6		8		_	n Part I.	24a. WAS AI PERFO	RMED?	AMA	RE AUTOPSY ILABLE PRIO WPLETION OF	R TO
MEDIC	2 days all	1 oh	- Regin	L	reg a	70.00	5/00		Jad	1 TYES	3 X NO	OF	DEATH?	
X	Synamu, Di	Coccio	paner	501	115	_D1	1 Jan	MM	429			1	YES 2	NO
A	25. WAS CASE REFERRED TO MEDICAL	1 coefue	paug			26. PL	ACE OF	DEATH (C	heck only on	e)	-			
PHYSICIAN:	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHER 4 Numb	:			6 🗆 Othe	y = 12				
H	27. MANNER OF DEATH	26a. DATE C	OF INJURY	26b. TII	ME OF	28c. INJL	JRY AT				INJURY OCCU	IRED		
ВУ Р	1 Netural 5 Pending		Day, Year)	IN	JURY	1 Y	ES 2	□ NO						
0	2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide determined	28e. PLACE	OF INJURY — At ho g, etc. (Specify)	me, farm,	street, facto	ry, office	,			ATION (Street or Town, State	end Number o	r Rural Route	Number,	
E	200 CENTIFIED													
COMPLETE	(Check only 1 K) CERTIFYING PHY												d manner	atated
8			examination and/or	vestigati	non, in my op	prinon, de				and place, (				
BE	296. SIGNATURE AND TITLE OF CERTIF	1 Allen	ding A	ygi	cian	)		CENSE N			29d. DATE	SIGNED (Mo	onth, Day, Yee	r)
0	30. NAME AND ADDRESS OF PERSON V	NO COMBLETED CA	USE OF DEATH OVE				D-	-1258	5/		/	/ /		

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pri

32. REGISTRAR'S SIGNATURE

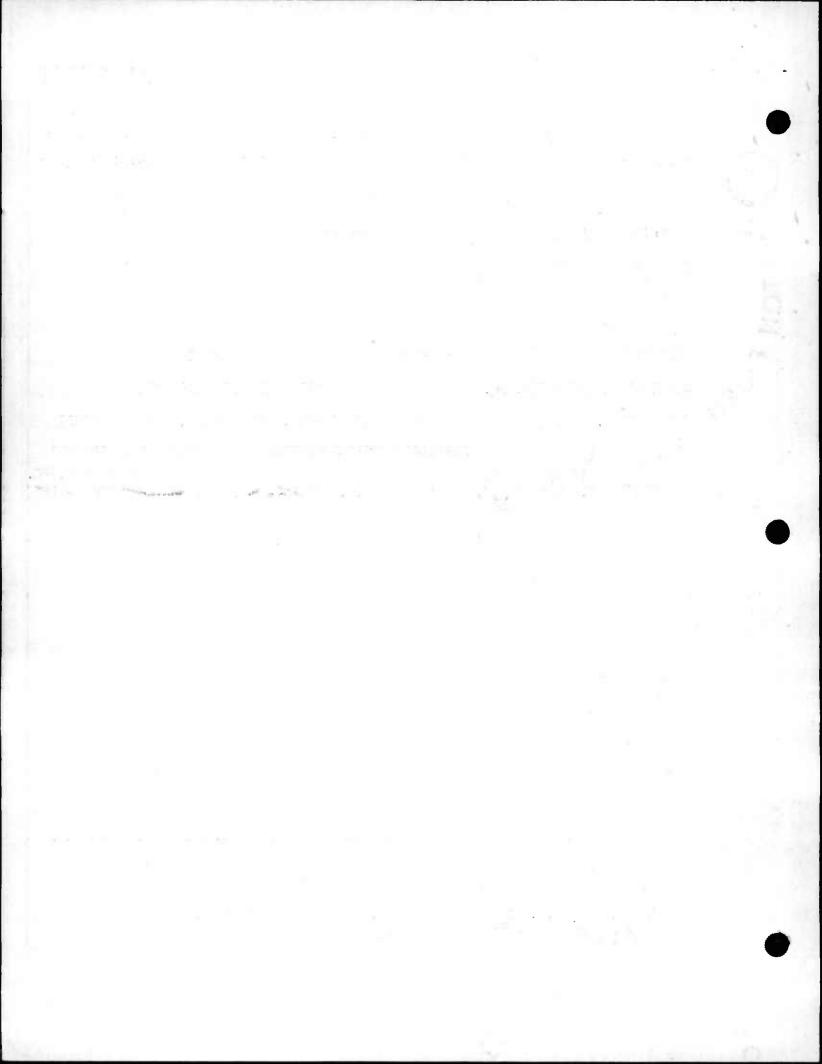
FUNANTIAL MARCHES

Office

Cenna Center Waldorf, Md

7C Post

DHMH-16 Rev 1/89



MVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020	70	
DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	fter death, Page 6 may be retained by the hospital or attending physician,		(
JIRECTORS. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defached for use as the burial-transit permit. Pages 👼 2, 3 and 18	the funeral director, page 5 should be detached for use as the burial-transit permit. Pages	3.85	2
ours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	oval.	-	F
em 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	al examiner must be notified at once.		)

1	1. DECEDENT'S NAME (First, Middle Sury bur	7.0	BAIL			Wali	leo.	DEATH	2.	DATE OF DEA	ATH DAY	91	3. TIME OF D
)	4. SOCIAL SECURITY NUMBER 010 - 09 - 54		5. SEX	6. AGE (In yrs.	leat birthday) YRS.	IF UNDER 1	DAYS	IF UNDER 24 I	IM I	Month, Day, V	bar)	Cou	TTHPLACE (State ountry)
2	Po. FACILITY NAME (If not institute Anne Arunde		et and number)	200		9b. CITY,	TOWN (	OR LOCATION	OF DEATH	apoli	9c. CO	UNTY OF	assachi Foeath Arunde
CIO	RESIDENCE OF DECED	ENT COUNTY	ied . Ci		10c. Cl	TY, TOWN OF	R LOCAT	TION			יוואון כ	THE T	10d. INSIDE C
DIRE			Arund	el	,,,,,,	Ann							LIMITS?
RAL	10e. STREET AND NUMBER		0				101	, ZIP CODE			10g. C		F WHAT COUNTRY
FUNERAL	2 Severn A		L E 12. WAS DECEDER	IT EVER IN U.S.	ARMED	13. W	WAS DEC	2140		RIGIN? (Spec	offy Yes or No-	14. 84	ACE — American I
B	1 Never Married 2 Marr 3 Wildowed 4 Divorced	ried		XYES 2 [ MAR OR DATES II	□NO	н	yes, sp	ecify Cuban, R	lexican, Pu			Sp	lack, White, atc. Decily: Vhite
ETED	15. DECEDEN (Specify only high					S USUAL OC work done d				16b. KIND (	OF BUSINESS/I	NDUSTRY	Y
PLE	Elementary/Secondary (0-12)		College (1-4 or 6	*) S	ales	Man	Keg	gional gional		Ever	rsharı	n Tr	10.
COMPL	17. FATHER'S NAME (First, Middle,	Last)			4200	2.((11	CC Jan 1		'S NAME (		Malden Sumame		
111	Harry Br		y Walk	er							Bailey		
TO B6	19a. INFORMANT'S NAME (Type/P		and Madi								or Town, State,		2140
	20e. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3			20b, PLA	CE AND DA	TE OF DISPO	SITION	(Name			Oc. LOCATION		Town, State
	4 Definition 5 Other (Spe	cify)	1/	of cemel	Ann			netery			Annapo	olis	s, MD
	of gonature of Funeral Se	WICE LICES	The of	11				or Ful			apel		21401
	1 Duner	M	. 11.1	111									
	23. PART I. Enter the disease shock, or heart IMMEDIATE CAUSE (Final										Anr		Appro- intarva Onset
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TED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or heart IMMEDIATE CAUSE (Final disease or condition rasuiting in death)  Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other significant c  25. WAS CASE REFERRED TO ME EXAMINERY  1 YES 2 NO  27. 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MPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or heart  IMMEDIATE CAUSE (Final disease or condition rasulting in death)  Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other significant of  25. WAS CASE REFERRED TO ME EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Perce 2 Accident 3 Suicide 6 Cou 4 Homicide dete  296. 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PLETED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or heart  IMMEDIATE CAUSE (Final disease or condition rasulting in death)  Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other significant of  25. WAS CASE REFERRED TO ME EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Perce 2 Accident 3 Suicide 6 Cou 4 Homicide dete  296. 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	4	1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)			ATE OF DEATH	REG. 2. DATE OF DEAT	NO.	3. TIME OF DEATH
		RICHARD I		WIL	SON	<u>08</u>	30° 9	1 01:05 AM
(	7	4. SOCIAL SECURITY NUMBER 216-18-5722	xxx 2 □ F 78	YRS. MON		(Mornth, Day, Yes	913	BIRTHPLACE (State or Foreign Country) MARYLAND
~	8	98. FACILITY NAME (If not institution, give NORTH ARUNDEL HO RESIDENCE OF DECEMENT			GLEN BURNIE	DEATH		A. A. COUNTY
Permit.	AL DIREC	MARYLAND ANN 100. STREET AND NUMBER		10c. CITY, TO	WN OR LOCATION  SE  101, ZIP CODE	VERN	10c CITIZ	10d. INSIDE CITY LIMITS? 1 YES 2 NO EN OF WHAT COUNTRY?
<u>15</u>	FUNERAL	1778 RICHFIEL	D DRIVE		21144		log. Office	U.S.A.
attenomy physician. ise as the burial-transit	BY FUA	11. MARITAL STATUS  1. XNever Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 X NO	13. WAS DECENDENT OF HISE If yes, specify Cuben, Mex 1 YES 2X WO Spe	ilcan, Puerto Ricen, atc	y Yee or No — 1	4. RACE — American Indian, Black, White, etc. Specify:
d for use as	COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementery/Secondary (0-12)	JCATION le completed)  Collège (1-4 or 5+)	6e. DECEDENT'S USUA (Give kind of work of life. Do NOT use retil LABORE	lone during most of working red.)	16b, KIND OF	BUSINESS/INDU	BLACK STRY
be detached for u	E COMP	17. FATHER'S NAME (First, Middle, Last)	IN CD		18, MOTNER'S	NAME (First, Middle, Me		
5 should	TO BE	RICHARD WILSO  190. INFORMANT'S NAME (Type/Print)  ETHEL BROOKS	N SK.	196. MAILING ADD	RESS (Street end Number or Flui	ABELLA W rel Route Number, City of R. SEVER	Town, State, Zip C	Code) YLAND 21144
il director, page		20e. METHOD OF DISPOSITION  (C) Burlel 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	noval from State 20b. Pl	ACE AND DATE OF DIS	SPOSITION (Name of	90AF _ 200	LOCATION — CI	
e funera il.		21. SIGNATURE OF FUNERAL SERVICE LI	GENSEE H. Roose	. TABOR	22. NAME AND ADDRESS OF REESE & S	FACILITY8 Z I W	EST ST	1401 ANNAPOLIS
attending physician and completely filled in the tremosal mind hygiene prior to bund, cremation, or removal y, or other traumatic event, the medical e	ERTIFICATION	23. PART I. Enter the diseases, or abook, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	List only one cause on each	ONSEQUENCE OF):	ny pr	cnist		at, Approximate interval Batwa Onset and Da
en signed by the of Health and Me	I: MEDICAL CE	PART II. Other eignificant condition	ne contributing to death but	not resulting in the	a underlying cause given	PEF	S AN AUTOPSY FORMED? S 2 \( \sum \) NO	24b, WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
N e s	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  YES	HOSPITAL:		26. PLACE OF DEATN (			
with	ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	Nursing Nome 5 Residence 28c. INJURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE NO	W INJURY OCCU	RED
CTDR: A after d	유	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, street,		281. LOCATION (Str City or Town, S	eet end Number or lete)	Rural Route Number,
2 E E	MPLET	290. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ICIAN: To the best of my knowleds	ge, death occurred at t	the time, date end place, end d	ue to the cause(s) and he time, date and place	menner ee stated	Couse(e) end menner ee stated,
<b>₹2=</b>								
	TO BE CO	296 SIGNATURE AND TITLE OF CERTIFIE  30. NAME AND ADDRESS OF PERSON WI	haun	44-14-1	29c. LICENSE N りなり	WMBER S	29d. DATE 5	SIGNED (Month, Day, Year)

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -

	1. OECEOENT'S NAME (FISH CORNELIA	1		SAFRO	NIA	ZA	ZM A	R		2. DATE OF OEATH	7" 1	9 54	3. TIME OF OEA 2:00	P M
)	4. SOCIAL SECURITY NUMBER 102-22-3		5. SEX	6. AGE (In yrs. less	t birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)	244	Count		
,	9a. FACILITY NAME (# not in					9b. CITY	TOWN	R LOCATI	ON OF OF		911	LO!	iisiana	3
DIRECTOR.	DORCHEST	ER GE		HOSPITA	L			DGE					ESTER	
R	10a. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN C	R LOCAT	ION					10d. INSIDE CIT	Υ
٥	MD.		Dor.				Can	bri	dge				LIMITS?	NO.
FUNERAL	10e. STREET AND NUMBER						101	. ZIP COO			10g. CIT	IZEN OF V	VHAT COUNTRY?	
NE.	2 Chop	otank		IT EVER IN U.S. ARI		-			613		L		USA	
BY	1 Never Married 2 XX Widowed 4 Divo		FORCES? 1	YES 2XX	io O	- 1 '	f yes, sp	ENGENT Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept Concept	n, Mexicer	IIC ORIGIN? (Specify Yen, Puerto Ricen, etc.)	s or No—	Blaci	— American Indi K, Whita, etc. White	len,
LED	15. OEC (Specify onl	EOENT'S EOUG y highest grade	CATION completed)	18a. OEG	CEOENT'S	USUAL O	CUPATIO	N et of weekin		16b. KINO OF BU	SINESS/IN	DUSTRY		
COMPLET	Elementary/Secondary (0	J-12)	College (1-4 or 5	life.	shi	ia retired.)	111		v					
BE CO	17. FATHER'S NAME (First, M John		ЭX					18. MOTI		ME (First, Middle, Maiden ornelia		rin	cles	
10	19a. INFORMANT'S NAME (I		laub	19b	2 C	AODRESS hopt	(Street a	nd Number	or Rural R	Cambridge	n, Stete, 24 Md	. 21	513	
	20a. METHOO OF OISPOSIT  1	iON on 3 □ Ramo (Specify)	oval Irom State	20b. PLACEA cemetery, crem Sali	natory or of	ther plecel			rv	9-10 Sa	CATION -			
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	1 0011	. DDa.			O A CORES		CILITY				
	23. PART I. Enter the d	with	R Ihon	mg.		70	0 I	ocu	st S	St. Camb:	ridg	e Mo	al Home 1.2161	
CERTIFICATION	IMMEDIATE CAUSE (Fir disease or condition resulting in deeth)  Sequentially liet condition if any, leeding to immediates. Enter UNDERLYI CAUSE (Disease or injuthet initiated events resulting in death) LAS	dons, diete	OUE TO	(OR AS A CONSEO	UENCE OF	7:	lw	The	re	Gulmi	מפיני	Du	Intervel B Onset en	
	PART II. Other significe	nt condition	contributing to	deeth but not re	euiting is	n the un	derlying	ceuse g	iven in F	Part I. 24a. WAS AN	AUTOPSY	240.	WERE AUTOPSY F	INDINGS
MEDICAL										PERFOR	IMEO?		AVAILABLE PRIOR COMPLETION OF C	TO
MEC											2110		OF CEATN?	NO
											1	-		
5	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER		ACE OF O	ATH (Chec	ck only one)				
PHYSICIAN:	1 XYES 2 NO		1X Inpetiant 2	ER/Outpatient 3		4 🗆 Nurs	ing Nome		sidenca 8	B ☐ Other (Specify)				
ВУ РН		Pending Investigation	28e. OATE OF (Month, D	ny, Year)	28b. TIME	M		RK? ES 2		28d. OEŞCRIBE HOW I	NJURY OC	CUREO		
		Could not be determined	28s. PLACE O building,	F INJURY — At horr etc. (Specify)	ne, ferm, at	treet, łacto	ery, office			281. LOCATION (Street : City or Town, State)	ind Number	or Rural R	oute Number,	
COMPLETED										to the cause(s) end man				
BE CO		OF CENTIFIER	11/11	4		i, iii iiiy oş	omion, de		NSE NUM!	ime, date and place, an	29d. OAT	E SIGNEO	(Month, Day, Year)	taled.
2	30 NAME AND ADDRESS OF	PERSON WNO	COMPLETEO CAUS	SE OF OEATN (ITEM	27) (Tune	Print)		0	СМ	E	▶ 9	-9-	1991	
	FRANK	-5	PERE	1/11			ENN	STR	EET	BALTIMO	RE,M	ARY	LAND 2	1201
	31. DATE FILESTMONTH Day	91	32. REGISTRA	Davidson-A	andelle	) F								

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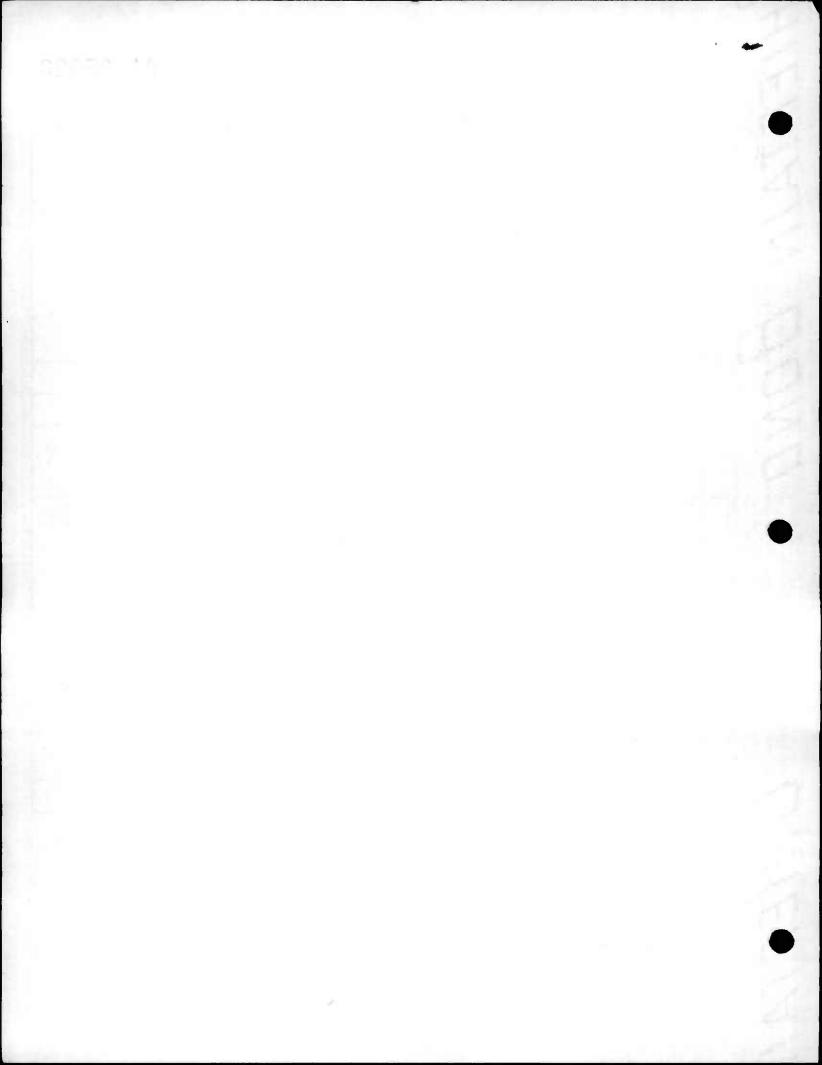
TO BE COMPLETED BY FUNERAL DIRECTOR

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL	HYGIENI REG. NO.	E	1 20020
1. DECEDENT'S NAME (First, Middle, La		icia Zuc Rucker	ker		2. DATE (	OF DEATH	22 9	
4. SOCIAL SECURITY NUMBER  577-36-4737  9a. FACILITY NAME (If not institution, gi	1□M2X1F 62	YRS.	F UNDER 1 YEAR	F UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	Oct.	DE BIRTH , Day, Veer) 21, 1	928 Wa	SHITHPLACE (State or Foreign Soundry) Shington, DC
Greater Laurel-	Beltsville Hos		Laure		EAIH		Princ	e George's
10a. STATE 10b. COU			town on Loca	TION				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
10e STREET AND NUMBER 6504 Westview La				ZIP CODE	0706			of what country? ed States
11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 1 NO	If yes, sp	ENDENT OF HISPAI ecity Cuben, Mexica 2 X NO Specif	en, Puerto F		or No 14.	RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S (Specify only highest g	EDUCATION rade completed)  Coffege (1-4 or 5+)	18e. DECEDENT'S U (Give kind of wo life. Do NOT use Homemak	rk done during mo retired.)			Own Ho	INESS/INDUST	
17. FATHER'S NAME (First, Middle, Last) Milton Dal		Homemak	CI	16. MOTHER'S NA	ME (First, A	fiddle, Malden		
190. INFORMANT'S NAME (Type/Print)  Seymour Zucke:				lane, La			20706	
20e. METHOD OF DISPOSITION 1   Burlal 2   Cremation 3   F 4   Donation 5   Other (Specify)		Suburban	Cremato	ry		Silv	er Spr	or Town, State ing, Maryland
21. SIGNATURE OF FUNERAL SERVICE	W. Rap	P		Funeral Sist Aver		ices,	P. A.	g, MD 20910
23. PART I. Enter the diseases, shock, or heart fellu IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a	Pulm may a consequence of: Premmina consequence of: A consequence of:	misy in sy		AT as Card	nac or respi	atory errest,	Approximate Interval Between Onset and Death
PART II. Other significant condi		out not resulting in	the underlyin	g cause given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:	LACE OF DEATH (C)				
27. MANNER OF DEATH  1  Natural 5  Pending  2  Accident Investigate  3  Suicide 6  Could not	28a. DATE OF INJURY (Month, Day, Year) on 28a. PLACE OF INJUR	28b. TIME INJU	OF 28c. IN W	JURY AT DRK? YES 2 NO	28d. DES	ATION (Street	NJURY OCCUR	ED Gural Ploute Number,
4 Homicide determine	d building, etc. (Spe	N-A-			City	or Town, State)		
(Check only	HYSICIAN: To the best of my know MINER: On the besis of examination							suso(s) and menner as stated.
29b. SIGNATURE AND TITLE OF CERT	7	MO		29c. LICENSE NU	MBER 3979		29d. DATE SI	GNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON	nt Fox La.	Bonie	M13	20715		Theods	one 4.	KIN
31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGN	Mande 82						



after death. Page 6 may be retained by the hospital	by the funeral director. page 5 should be detached for amoval.	lical examiner must be notified at once.	TO BE COMPLE
TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely mind in by the funeral director, page 5 should be detached his be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR STATE REGISTRAR	STATE OF MARYLAND		T OF HEALTH AND	MENTAL HYGIENE REG. NO.	21 23024
	1. DECEDENT'S NAME (First, Middle Leet)	m. Nick	J. Alb	i	2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH
	4. SUCIAL SECURITY NUMBER 5 2/8 - 09-0366 1	SEX 6. AGE (In yrs	YRS. MONTHE		7. DATE OF BIRTH (Morith, Day, Year) 7 29 18	6. BIRTHPLACE (State or Foreign Country) Maryland
TOR	90. FACILITY NAME (If not institution, give stree  STJDS CPH  RESIDENCE OF DECEMENT	Hospit	AL SOLOT	TOWS OF LOCATION OF DE		BAIT: More
DIRECTOR	Maryland A.A	.Co.	Brook	or Location		10d. INSIDE CITY LIMITS? 1  YES 2 NO
FUNERAL	10e. STREET AND NUMBER	eward Ave.		101. ZIP CODE 2122		USA
BY FUN	11. MARITAL STATUS 1 Never Merried X Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. FORCES? 1 $\nabla$ YES 2 IF YES, GIVE WAR OR DATES $W\cdot W\cdot 2$	ARMED 13	I WAS DECENDENT OF HISPA If yes, specify Cuban, Mexico 1 YES 27 NO Specif		o- 14. RACE - American Indien, Black, White, etc. Specify. White
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12) 7th. Drade —	TION 16e Tipleted)	life. Do NOT use retired	during most of working	16b. KIND OF BUSINESS	S/INDUSTRY
BE COM	17. FATHER'S NAME (First, Middle, Last)  Camilo		Albi		ME (First, Middle, Maiden Surna	
TO B	180. INFORMANT'S NAME (Type/Print) Mrs.Billie J.Al			ss (Street end Number or Aural d Ave.Balt	Route Number, City or Town, State O.Md. 21225	te, Zip Code)
	20e. METHOD OF DISPOSITION  1 Duriel 2 Cremetion 3 Remove  4 Donation 5 Other (Specify)  21. SIGNATURE OF JUNERAL SERVICE LICEN	other Md.	Vet.Cem	Name of cemetery, cremetory or	le,Md. Cro	on — City or Town, State wnsville, Md.
	- Maniel	Q-1/a	ylor		Bal neral Home	to.Md.21230 .130 E.Fort Ave
CERTIFICATION	23. PART I. Erter the disesses, or corshook, or heart failure. Lie IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONDUCTO OR AS A CONDUCTO (OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUCTO OR AS A CONDUC	NSEOUENCE OF):	The mode of dying, such	n as cardiac or respirator	ry arrest, Approximate Intarval Between Onset and Death
MEDICAL	PART II. Other significant englitions	contributing to death but n		underlying cause given in	Part I. 24s. WAS AN AUTO PERFORMED:	? AVAILABLE PRIOR TO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	отн			
	27. MANNER OF DEATH 1 Metural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK?  1 YES 2 NO	26d. DESCRIBE HOW INJUR	Y OCCURED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A building, atc. (Specify)	At home, farm, atreet, fo	actory, office	261, LOCATION (Street end Ni City or Town, State)	umber or Rural Route Number,
COMPLETED	28e. CERTIFIER (Check only one) 1 CENTIFYING PHYSICIAL EXAMINER:	On the best of my knowledge				es atated, to the ceuse(s) and manner ee stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO	Which	) \ () \ () \ () \ () \ () \ () \ () \	29c, LICENSE NU D06234	MBER 29d	DATE SIGNED (Morels, Dys. Year)
	SAMUEL C. H. LEE  31. DATE FILED (Month; Day, Year)  SFD 9 3 1991 Sulv			PITAL, TOWSON	N, MD 21204	

45 080 T

Per F/H

FOR 1 - STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

91 25825

Approximate interval Between Onset and Death

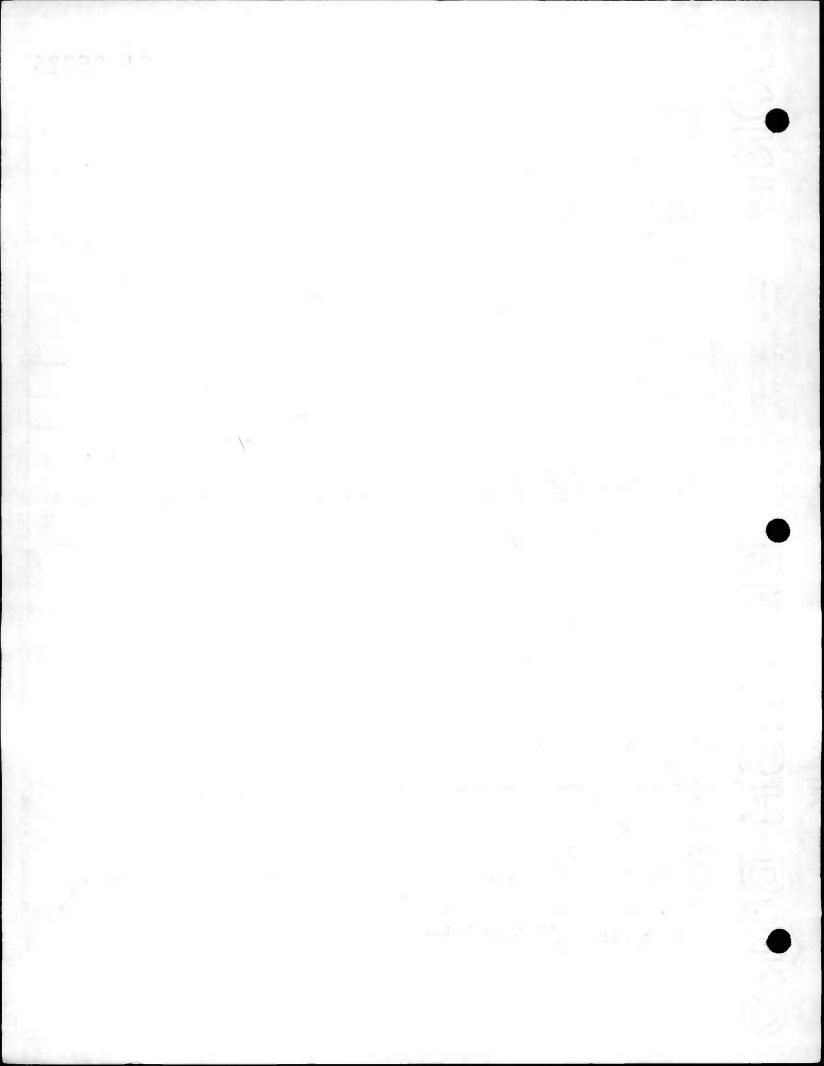
21213

_	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	<b>)</b> .		0	
	1. DECEDENT'S NAME (First, Middle, Last) Elnora	Α.		BRO	WN	2. DATE OF DEATH	DAY Y	YEAR	TIME OF DEATH	
	212-84-9658 216-22-3164	1 □ M 2x□xF	yrs. lesi birthday) 27 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12/19/6			ACE (State or Foreign	
ECTOR	2705 E, MONUM				OR LOCATION OF DE		9c. COUNTY	Y OF DEAT	н	
REC	10a. STATE 10b. COUNT		10c. CIT	Y, TOWN OR LOCA				to	d. INSIDE CITY	_
DIR	Md.		Ba	ltimor	e			1.6	LIMITS? YES 2 NO	
FUNERAL	10a, STREET AND NUMBER	0.5		10	of. ZIP CODE		10g. CITIZE	N OF WHAT	T COUNTRY?	
N.	2638 Aisquith	12. WAS DECEDENT EVER IN	ILE ADMED	140 440 00	21218			S.		
₽	1 Never Merried 2 Merried 3 Divorced	FORCES? 1 YES	2 NO	It yes, s	pecify Cuben, Mexice S 2 NO Specify		a or No 14	Black, Wi	American Indian, inite, etc.	
뎶	15. DECEDENT'S EDU (Specify only highest grad		16e. DECEDENT'S	vork done during m	ION osl of working	16b. KIND OF BU	ISINESS/INDUS	TRY		
COMPLET	Elementary/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT us	nemplo		,				
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	,			-
8	James Hanson  19e. INFORMANT'S NAME (Type/Print)				Edith	Hedgepet	h			
5	James A. Brow	n				Toute Number, City or Tou				
	20e. METHOD OF DISPOSITION	20h F	ACE AND DATE O	E DISPOSITION /A/	ama of	Balto.,	OCATION OF	2121		_
	1 - Buriel 2 - Cremetion 3 - Ren 4 - Donetion 5 - Other (Specify)	Ga Cemer	ery, crematory or ot	Fores	t Va Ce	m9/24 Ow	ringe	Mil:	1 MA	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME A	ND ADDRESS OF FAC	CHUTY	Ings	MITI	Li Mu.	-
	Betts Fun	eral Home		1120	M Car	olino Ct	70.7.1			
	23. PART I. Enter the diseases, or		the death. Do n	ot enter the mo	ode of dying, such	oline St	Iratory arres	t,	Approximate	4
	IMMEDIATE CAUSE (Final	clet only one cause on eac	in line.	11					interval Betwee Onset and Deat	
	disease Dr condition reaulting in death)	· Star	regue	alie						
_		THE TO (OR AS A C	ONSEQUENCE OF	):						
SATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	ONSEQUENCE OF	):						_
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF	):						-
EDICAL C	PART II. Other significant condition	ns contributing to death but	not resulting li	n the underlyin	g cause given in i	Part I. 24s. WAS AN			RE AUTOPSY FINDINGS	3
MEDI						YES 2	NO NO	OF	MPLETION DF CAUSE DEATN? VES 2   NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL									
Sic	EXAMINER?	HOSPITAL: 1   Inpetient 2   ER/Outpet		OTHER:	LACE OF DEATH (Che		25			_
H	27. MANNER OF DEATN	26e, DATE OF INJURY	28b. TIME			28d. DESCRIBE NOW I				_
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	FOUND: 9-15-	-91 UNKN	OWN 1 W	YES NO	FOUND	CTAMA	1111	ED	
0	3 Suicide 6 Could not be	28e. PLACE OF INJURY — building, etc. (Specify	At home, farm, at	treet, tactory, offic		281. LOCATION (Street of City or Jown, State)	end Number or I	Rural Route	Number 7 ST	7
ETE	4 Homicide determined	FOUND	- ALLE	<b>EY</b>		2765 EB	J. BA	ETTM	OREILEN	1
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYS	CIAN: To the best of my knowled R: On the beels of examination of	ige, death occurre	d at the time, date	and piece, end due	to the cause(s) end mer	nner es stated,	euse(s) and	1 menner ee steted	
ш	290. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUM		10000		nth, Day, Yeer)	_
0 8	WK12				осм	E		16-9		
form	The transfer was to be a second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the secon	to the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the					_		•	

BON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 111 N. PENN STREET BALTIMORE, MARYLAND 2120 Davidson-Randale

rithin 24 mours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	remation, or removal.	int, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and com-	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

- STATE REGISTRAR	STATE OF MA		TIFICATE	OF DEATH	-	G. NO.		
James Ch	ildress,	Jr.			2. DATE OF DO		1991	3:20 a.
4. SOCIAL SECURITY NUMBER 229–38–3966	5. SEX 1 🔀 M 2 🗆 F	57 Y		EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BI (Month, Pay, April	Mari	8. BIRTH	PLACE (State or Foreign VA.
9a. FACILITY NAME (If not Institution, g. Montgomery	General Ho	ospital		own or location of d	EATH		Ontgo	eath
RESIDENCE OF DECEDENT  10a. STATE 10b. COU  MD . M(		10	GAITHER					10d. INSIDE CITY LIMITS? 1  YES 2 X NO
100. STREET AND NUMBER 7332 DAMASCUS	ROAD		GILL TIE	10f. ZIP CODE	192	10g. C		VHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT	YES 2 NO	If y	208 S DECENDENT OF HISPA es, specify Cuben, Mexic YES 2 X NO Specify	NIC ORIGIN? (Sp an, Puerto Rican,		USA  14. RACE Black Speci	— American Indian, c, White, etc.
3 Widowed 4 Divorced  15. DECEDENT'S (Specify only highest g		16a. DECEDI	ENT'S USUAL OCCI		16b. KIND	OF BUSINESS/	INDUSTRY	WHITE
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do I	NOT use retired.) PMENT OF			CONSTRU	CTION	
17. FATHER'S NAME (First, Middle, Last, JAMES CHILI				18. MOTHER'S N. MARTH			•)	
19a, INFORMANT'S NAME (Type/Print) BERTIE CHILDE	RESS	- 1	SAME AS	ireet and Number or Rural  # 1 0	Route Number, Ci	ity or Town, State,	Zip Code)	
20a. METHOD OF DISPOSITION 1 □ Burlel 2 □ Cremetion 3 □ 1 4 □ Donation 8 □ Other (Specify)	Removal from State		VILLE CE		3/23	LAYTON:		
A SIGNATURE OF FUNERAL CERTIC	E I ICENSEE		00 144					
23. PART i/Enter the diseases,	A. Berli		MU 215		RBER FU	COAD LA	YTONS	Approximete
23. PART i/Enter the diseases,	or complications that ure. List only one cause	e on each line.	MU 215	RIEL H. BA 25 LAYTONS	RBER FU	COAD LA	YTONS'	Approximete Interval Between
23. PART I Enter the diseases, ahock, or heart falls IMMEDIATE CAUSE (Finel disease or condition	or complications that ure. List only one cause a. DUE TO (C	e on each line.	MU 215  Do not enter the NCE OF):	TRIEL H. BA	RBER FU	COAD LA	YTONS'	Approximete Interval Between Onset and Deat
23. PART I Enter the diseases, ahock, or heert falls IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	a. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DUE TO (C d. DU	OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSEQUENT OF AS A CONSE	MU 215  Do not enter the NCE OF):  NCE OF):	RIEL H. BA 225 LAYTONS be mode of dying, su	RBER FUVILLE F ch as cardiec	COAD LA	YTONS' errest,  SY 244	Approximate Interval Between Onset and Deat
23. PART I Enter the diseases, ahock, or heert falls immediate CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. 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BA 25 LAYTONS  The mode of dying, successive to the second of dying, successive to the second of dying, successive to the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of t	RBER FUVILLE F  ch as cardiec of the cause (a) to the cause (a) to the cause (a) to the cause (a) to the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a) the cause (a)	WAS AN AUTOPPERFORMED?  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etained	TO THE FUNERAL DIRECTOR: After this certificate has been used by a manualing physician and completely filled in by the funeral director page 5 should be detact		IMPORTANT: If Item 28 is marked, or item 23 shows, any injury, or other traumatic event, the medical examiner must be notified at nace
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	1 - STATE REGISTRAR	STATE OF MAR		ARTMENT OF		MENTAL HYGIEN		1 25821	
	1. DECEDENT'S NAME (First, Michillo, Last) Richard E. Couch					2. DATE OF DEATH	AY	3. TIME OF DEATH 7,05AM	
	4. SOCIAL SECURITY NUMBER 167-05-8541	5. SEX 6. A	76 YRS	MONTHS DAVE	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)	
	9a. FACILITY NAME (If not institution, give	street and number)		96, CITY, TOWN	OR LOCATION OF O	12-10-191		Pennsylvania	
DIRECTOR	St. Agnes Hospital  RESIDENCE OF DECEDENT  96. CITY, TOWN OR LOCATION OF CEATH  Baltimore City  Baltimore City								
	10a. STATE 10b. COUNT Maryland Balt	TION 1			10d. INSIDE CITY LIMITS?				
A	Maryland Baltimore County Catonsville  10a. STREET AND NUMBER  1001. ZIP CODE						10n CITIZE	1 YES 2 NO	
FUNERAL	801 Winters Lane Apt 117 21228						USA		
15	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED	13. WAS DE	CENDENT OF HISPAI	NIC ORIGIN? (Specify Yes		4. RACE — American Indian	
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced  1 Never Married 2 Married 1 YES 2 NO 1F YES, GIVE WAR OR DATES			if yes, s	ft yes, specify Cuban, Mexican, Puerto Rican, etc.)  1 ☐ YES 2 X NO Specify:  Specify:				
		WW 2						White	
ETED.	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Give kind	S USUAL OCCUPATION WORK done during m	ION ost of working	16b. KIND OF BU	SINESS/INDU	STRY	
2	Elementary/Secondary (0-12) Unknown	College (1-4 or 5+)		use retired.)					
COMPL	17. FATHER'S NAME (First, Middle, Lest)		Mainter	nance Sup		Arlen R			
	George Couch					ME (First, Middle, Malden	Sumame)		
BE	19a. INFORMANT'S NAME (Type/Print)		T 400 444 H	10.1000000	Unkn				
2	Mr. John Workman					Route Number, City or Tow	n, State, Zip C	ode)	
			20b. PLACE AND DAT	First St			21074		
	20a, METHOD OF DISPOSITION 1 □ Burial 2* □ Cremation 3 □ Ren 4 □ Donation 5 □ Other (Specify)	noval from State	cemetery, crematory of	r other place)	ame of	DATE 200. LO -24-91 Ham	CATION — CI	ly or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Callott (	22. NAME A	ND ADDRESS OF FA	-24-91  Ham	pstead	1, MD	
	> John K A	he will				Funeral Di	rector	cs. Inc.	
		8728 Liberty Rd. Randallstown, MD 21133 complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest,   Approximate							
	ahock, or heart fallure.	complications that cau List only one cause o	ised the death. Dr n each line.	not anter the mo	oda of dying, suc	h aa cardlac or reapi	ratory arres	st, Approximate interval Batween	
	IMMEDIATE CAUSE (Final disease or condition								
	resulting in death)								
	DUE TO (OR AS A CONSEQUENCE OF):  CONGESTIVE HEART FAME								
	Sequentially list conditions,								
Į¥.	cause. Enter UNDERLYING DILLATED CARRIE UNDERLYING								
틸	that initiated events  DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	resulting in death) LAST & KLGO HOLIC CARDIONEY OP ATITY								
	PART II Other significant anaditions contribution to death								
SAL	PART II. Other significant condition	is contributing to deat	h but not reaulting	In the underlying	g cause given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
	1 VES 2 DAG						COMPLETION OF CAUSE OF DEATH?		
Σ						_		1 YES 2 NO	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL								
S	EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Che	eck only one)			
148	1 YES 2 NO	1 Inputiant 2 I ER/C		4 - Nursing Hom	e 5 🗆 Rasidence				
	1 Netural 5 Pending	(Month, Day, Yea		VJURY WO	PRK?	28d. DESCRIBE HOW II	HJURY OCCUP	RED	
B	2 Accident Investigation	260 PLACE OF IN II	10V AA barra A		YES 2 NO				
8	3 Suicide 4 Could not be detarmined 4 Could not be detarmined 5 Could not be detarmined 5 Could not be detarmined 6 Could not be detarmined 6 Could not be detarmined 6 Could not be detarmined 6 Could not be detarmined 6 Could not be detarmined								
COMPLET	29a. CERTIFIER (Chock only and manner as stated.								
MP	(Check only	CIAN: To the best of my kr	nowledge, death occu	rred at the time, data	and place, and due	to the cause(a) and man	ner sa stated.		
8	2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.								
BE	296. SENATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)								
2	c-myany	1001	1:141)		ST. AG	NES HOSP	9	20 91	
1 - 1	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF				. =	0		
	31. DATE FILED (Month, Day, Year)	IVSAH	72	4 GNES	4504	TIME	BAC		
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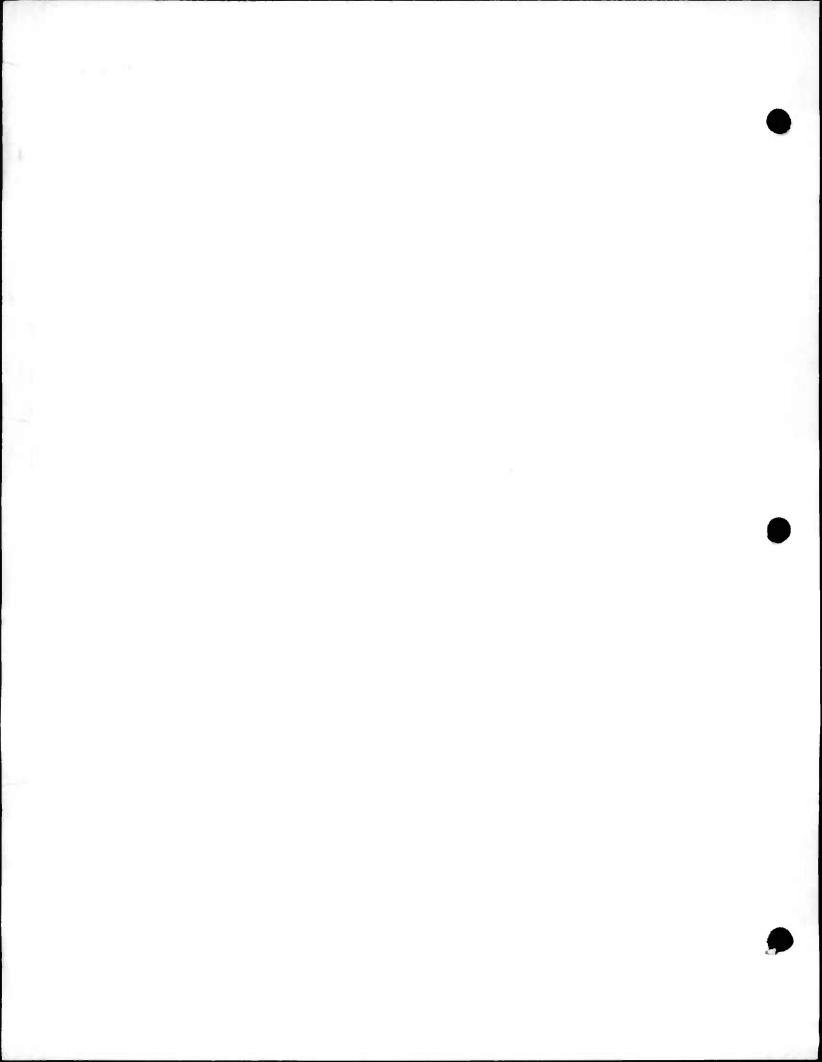
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TO THE HOSA IN THE ATTENDING PHYSICIAN. The law requires that the death cardificate be executed within the control of the control of attending physician.	10 THE FUNE MELECIAL, After this certificate has been signed by the attending physician and completely miled in by the funeral director, page 5 should be deliabled for use as the bunal-trainst permit be filled within 72 local with the State Dept, of Health and Mental Hyglene prior to burlal, cremation, or removal.	IMPORTANT: It is an 28 is marked or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Month, Day, Year)
SEP 2 3 1991

32. REGISTRAR'S SIGNATURE Fulia Sairdson-Rondoll

	FOR 1 . STATE	STATE OF MARYLAN				TENTAL HYGIEN	E .	91 25828	
	REGISTRAR		CERTIFICA	TE OF L	DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) 6 COT 96		Dyson			2. DATE OF DEATH MONTH 9 - 20	7 -9/	S 45 A M	
	4. SOCIAL SECURITY NUMBER — 3 218-05-4/50	1 × M 2 🗆 F 7	3 YRS. MONT	HS DAYS F	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8	BIRTNPLACE (State or Foreign	
TOR	Deaton Hospi RESIDENCE OF DECEDENT	14 Medical (	Penter "	Bal	LOCATION OF DE	ATH C	9c. COUNTY	OF DEATH /	
DIRECTOR	10e. STATE 10b. COUNTY		N / A	VN OR LOCATIO	PN			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	10a. BTREET AND NUMBER UNKNOWN			101. 2	N / A			N OF WNAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE:	2 □NO	If yes, speci	NDENT OF NISPAN	IC ORIGIN? (Specify Year, Puerto Rican, etc.)	or No.— 14	RACE — American Indian, Black, White, atc.	
	15. DECEDENT'S EDUC (Specify only highest grade	ATION 16	le. DECEDENT'S USUA (Give kind of work de life. Do NOT use retin	L OCCUPATION	of working	16b. KIND OF BU	SINESS/INOUS	TRY BLACK	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	LABORER						
BE COI	17. FATHER'B NAME (First, Middle, Last) UNKNOWN					THER'S NAME (First, Middle, Maiden Surname) UNKNOWN			
TO B	19a. INFORMANT'S NAME (Type/Print)  CAROLYN JOHNS(	) N				Oute Number, City or Tow BALTIMO			
	20a. METHOD OF DISPOSITION 1 \( \) Burial 2 \( \) Cremation 3 \( \) Remo 4 \( \) Donation 5 \( \) Other (Specify)	oval from State 20b. Pt	LACE OF DISPOSITION		tery, crematory or	20c. LO	CATION CIT	y or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME AND	ADDRESS OF FAC	CILITY			
WHI.C. MARCH T. H. / TIOT E. NORTH AV									
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such se cerdiec or respiratory arrest, abook, or heart feliure. List only one ceuse on sech line.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  DUE TO (OR AS A CONSEQUENCE OF):  Approximate Interval Batween Onset and Death Carcinosus of the Lung.  DUE TO (OR AS A CONSEQUENCE OF):								
z	Sequentially list conditions b.								
CATIC	If any, leading to Immediate cause. Enter UNDERLYING								
CERTIFICATION	thet initiated eventa reaulting in death) LAST								
	PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCIPLY PRINCI								
PHYSICIAN: MEDICAL				_		1 YES   ;	NO	COMPLETION OF CAUSE OF DEATN? 1 ☐ YES 2 ☑ NO	
ž									
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:								
YSI	1 TES 2 NO	Inpatiant 2 ER/Outpation		HER: Nursing Nome	5 🗆 Residence	6 C Other (Specify)			
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJUI WORI 1 YE		26d. DESCRIBE HOW	INJURY OCCU	RED	
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, afreet, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number. City or Town, State)					Rural Route Number,			
COMPLETED	29s. CERTIFIER (Check only one)  2  MEDICAL EXAMINER: On the basis of aximination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.								
	29b. SIGNATURE AND TUTLE OF CERTIFIER						,		
TO BE	296. SIGNATURE AND TILLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  D37 45 8  296. DATE BIGNED (Month, Day, Vear)  9/20/91  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF PEATU (ITEM 27) (Type, Print)					-///			
	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF BEAT	(ITEM 27) (Type, Print)						



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.	be determined to the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the
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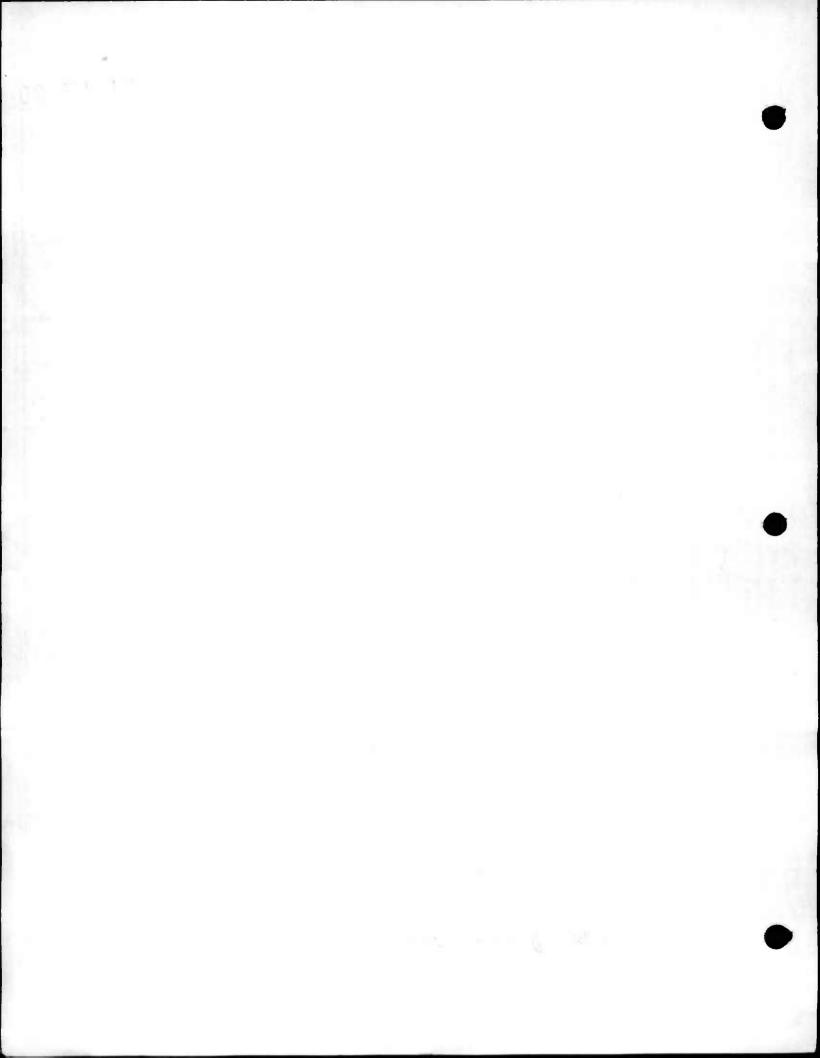
	REGISTRAR	CERTIFICATE	OF DEATH	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH			
	LEWIS E. EMMINIZ	MONTH D	YEAR	2:30 PM					
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (	'In yrs. last birthday) IF UNDER	1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		THPLACE (State or Foreign			
	213-03-1513 12M2 = -	7 8 YRS. MONTHS	DAYS HOURS MIN.	(Month, Day, Year)	Corn	http://			
	9a. FACILITY NAME (If not institution, give street and number)	-	TOWN OR LOCATION OF F			A			
FUNERAL DIRECTOR	#1206 SHERADALE DR RESIDENCE OF DECEDENT  So. COUNTY OF DEATH  So. COUNTY OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUTION OF DEATH  SOLUT								
	MD. BALTIMORE	10c. CITY, TOWN O	LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
	100. STREET AND NUMBER 127 WILLOW SPRING RD. 21222 10g. CITIZEN OF WHAT COUNTRY?								
5	11. MARITAL STATUS  12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED 13. W	AS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No — 14, RAC	CE — American Indian.			
B	1   Never Married 2   Merried   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   No   No   No   No   No   No   No								
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USUAL OC	CUPATION	16b. KIND OF BUS	SINESS/INDUSTRY				
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of work done di life. Do NOT use retired.)		BALT	COUN	ノナイ			
I d	8 TH	POLICEM	AN		E DE				
Ö	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S N	AME (First, Middle, Meiden					
ш	LEWIS E. EMMINIZE	R	ADIL						
8	19a. INFORMANT'S NAME (Type/Print)	19b. MAILINO ADDRESS	(Street and Number or Rural						
유	LOUANNA BELL		HERADAL			LLE MD 210			
		PLACE AND DATE OF DISPOSIT							
	1 Germation 3 Removal from State 4 Donation 5 Other (Specify)	etary, crematory or other place). ETRO CREM	ATO 6 1	9/ -/	CATION — City or 1	own, State			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE				ALT, 1	<b>▼</b> [Ŋ.			
	CONNELLY FUNERAL HOME OF DUNDALK								
	Coll Connelly	171	10 SOLLEI	es pr	RD BA	CT MD 2122			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate								
	interval Between								
	disease or condition								
	resulting in death)  a. Dight lung care  a. To (or as a consequence of):								
-	TO (OH AS A CONSCOURAGE OF):								
CERTIFICATION	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):								
×	cause. Enter UNDERLYING								
匠	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A	CONSEQUENCE OF):	JENCE OF):						
E	resulting in death) LAST								
빙	d								
1 7	PART ii. Other significant conditions contributing to death but	t not reaulting in the und	eriying causa given in			. WERE AUTOPSY FINDINGS			
EDICAL			PERFORMED? AVAILABLE I						
				1 TYES 2	K NO	OF OEATH?			
2				- 1		1 YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL								
PHYSICIAN:	EXAMINER?  HOSPITAL:  OTHER-								
₹	1 ☐ YES 2 ☐ NO ☐ 1 ☐ Inpetient 2 ☐ ER/Outpa  27. MANNER OF OEATH ☐ 28s DATE OF SMILLEY		ng Home 5 Residence						
1 4	27. MANNER OF OEATH  28a. DATE OF INJURY (Month, Day, Year)	INJURY	8c. INJURY AT WORK?	28d. OEŞCRIBE HOW IN	JURY OCCURED				
B	2 Accident Investigation	М	1 YES 2 NO						
8		- At home, farm, street, factor	y, offica	281. LOCATION (Street at	nd Number or Rural	Route Number,			
	4 Homicide detarmined City or Town, State)								
1 2	29a. CERTIFIER (Check only only control of the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.								
COMPLET	one) 2 MEDICAL EXAMINER: On the besis of examination	and/or investigation, in my opi	nion, death occured at the	time dete and place and	ner as stated.	A CONTRACTOR OF THE PARTY			
	2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated.								
88	N/ 1/2 1 2 2 2 2 2		29c. LICENSE NUI	MBER	29d. DATE SIGNED	(Month, Day, Year)			
2	20 NOME AND ADDRESS OF PERSON WILL DAY		N/A		4/2	1/91			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA				1				
	FRANKLIN SQUARE MOSP NADINE THOMAS M.D.								
SEP 2 3 1991 Suidson-Randelle									
	JE 60 1991 gyha Waydson A	under.							

and the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o

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	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT CERTIFICATE	OF HEALTH AND OF DEATH	MENTAL HYGIEI		91 258				
	1. DECEDENT'S NAME (First, Middle, Last)	,		2. DATE OF DEATH MONTH	DAY Y	3. TIME OF DEATH				
	Jeanette C	5. SEX 6. AGE (In yrs. last birthday) IF UNDER	9 1	7 9	1 1845					
	217-50-3239	1 M 2 K F 43 YRS. MONTHS	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreig Country)				
_	9a. FACILITY NAME (If not institution, give at		TOWN OR LOCATION OF I	01-30-48 DEATH	-	Y OF DEATH				
DT.	UNIVERSITY HOS	PITAL BA	LTIMORE							
DIRECTOR	10s. STATE 10b. COUNTY	Toc. of I, Town of				10d. INSIDE CITY				
	M D  100. STREET AND NUMBER	BALTI				1 X YES 2 NO				
FUNERAL	3112 BRIGHTON	STREET	21216			S . A .				
P.	11. MARITAL STATUS 1 X Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. ARMED 13. W	AS DECENDENT OF HISP/ yes, specify Cuban, Mexic	ANIC ORIGIN? (Specify Ye		. RACE — American Indian, Black, White, atc.				
Β¥	3 Widowed 4 Divorced		YES 2XXNO Spec		- 10	Specify: BL. ACK				
8	15. DECEDENT'S EDUC (Specify only highest grade		CUPATION working	16b. KIND OF BU	JSINESS/INDUS					
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+) life. Do NOT use retired.)		DA.						
NO N	17. FATHER'S NAME (First, Middle, Last)	4 yrs.   RADIO TEC				CITY				
BE C	JOHNNIE GASQUE	16. MOTHER S NAME (FIRST, MIDDIE, Maiden Surnam								
6	19a. INFORMANT'S NAME (Type/Print)  19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code									
	JOHN GASQUE 2310 WINCHESTER ST./BALTIMORE, MD 21216 J									
	1 Buriel 2 Cremation 3 Remo	cemelety, crematory or other place	REST VA C			ILLS, MD				
	21. SIGNATURE OF FUNERALD SERVICE LICE		AME AND ADDRESS OF F			, 115				
	· Orime	the K. Jones WI	1.C.MARCH	F.H./110	)1 E.	NORTH AVE				
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):	~ <u>{</u>							
MEDICAL	PART II. Other algnificent conditions	s contributing to deeth but not resulting in the und	erlying ceuse given in	Pert I. 24s. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 DONO				
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: OTHER	26. PLACE OF DEATH (C	heck only one)						
PHYS	1 VES 2 NO  27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursi	ng Home 5 🗆 Residence							
	1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY	6c. INJURY AT WORK?  1 YES 2 NO	26d. DESCRIBE HOW	INJURY OCCUR	RED				
	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At home, farm, street, factor building, etc. (Specify)		261. LOCATION (Street City or Town, State	and Number or	Rural Route Number,				
TED BY										
MPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINER	IAN: To the best of my knowledge, death occurred at the time.  To the bests of examination and/or investigation, in my opinion.	e, data and place, and du	e to the cause(a) and ma	nner as stated.	suse(s) and manner as state				
BE COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	t: On the basis of examination and/or investigation, in my opi	e, data and place, and du nion, death occured at the 29c. LICENSE NU	e time, data and placa, a	nd due to the c	suse(s) and manner as state GNEO (Month, Day, Year)				
E COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	CIAN: To the best of my knowledge, death occurred at the time.  On the bests of examination and/or investigation, in my opinion of the bests of examination and/or investigation, in my opinion of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the best of the	nion, death occured at the	e time, data and placa, a	nd due to the c					

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1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

JOHN

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	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, p
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1 1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Id	at birthday)	IF UNDER 1 Y	FAR #E 1	INDER 24 HRS.	7 DATE OF			NET 405 (0)
	216-03-4877	1 M 2   F		YRS.		AYS HOL		7. DATE OF	21- 15	Coun	NPLACE (State or Fore try) YLAND
	9a. FACILITY NAME (If not institution, give		9b. CITY, TO	OWN OR LO	CATION OF DE		D. D. and D.	COUNTY OF			
DIRECTOR	UNIVERSITY HOSPITAL BALTIMORE CITY										
5	RESIDENCE OF DECEDENT										
Ĭ	MARYLAND	14		1	Y, TOWN OR						10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			1 -	BALTIM						1 X YES 2 A
ED BY FUNERAL	1248 WASHINGTO	N BOULEVA	RD			10t. ZIP			10	g. CITIZEN OF USA	WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	RMED NO	li y	e, specify (	NT OF NISPANI Cuban, Maxican NO Specify:	, Puarto Rici	Specify Yea or f en, atc.)	No — 14. RAC Blac Spec			
	15. DECEDENT'S EDU	ECEDENT'S	USUAL OCCU	PATION		16b. KI	ND OF BUSINE	SS/INDUSTRY	WHIT		
	(Specify only highest grade Elementary/Secondary (0-12) 9TH	Give kind of v Do NOT us  IELDEF		ng most of w	vorking		ARMCO				
	17. FATHER'S NAME (First, Middle, Last)			18. 1	MOTNER'S NAM	IE (First, Mide	dle, Maiden Surn				
E COMPL	DILBURT C. GRIM				ANNA	JACC	BE				
20	19e. INFORMANT'S NAME (Type/Print)	b. MAILING	ADDRESS (S	treet and Nu	mber or Rural R	oute Number,	City or Town, St	rate, Zip Code)			
•	DOROTHY L. GRIME	S		1248	WASHI	NGTON	BLVD,	BALT	IMORE,	MD 2	1230
	20g. METNOD OF DISPOSITION 1X Burial 2 Cremation 3 Ram	noval from Stata	I 20b. PLACE	ANDDATEC	OF DISPOSITIO	M /Nome of		DATE	200 LOCATI	ON CHU T	04-4-
	4 Denation 5 Other (Specify)		BALTI	MORE	NATIO	NAL C	EMETER	¥ 9-2	BALT	IMORE,	MARYLANI
	21. SIGNATURE OF FUNERAL SERVICE LI		,		22. NAI	AE AND AD	DRESS OF FAC	ILITY			
	> gockie	HOWARD H. HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE, BALTIMORE, MD. 21229					. 21229				
MEDICAL CERTIFICATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avanta resulting in death) LAST  Cardiac Arrest  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
	PART II. Other eignificant condition	ne contributing to	death but not	reaulting i	n tha under	lying cau	se given in P		a. WAS AN AUTO PERFORMED  YES 2   1	?	WERE AUTOPSY FIN AWAILABLE PRIOR TO COMPLETION OF CA DF DEATH?
. I	25. WAS CASE REFERRED TO MEDICAL					- PI 107 0	OF DEATH (Chec				
2	EXAMINER?	HOSPITAL:	ER/Outpetlant 3	DO4	OTHER:						
ICTUL.	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b, TIME	OF 284	INJURY A	Residence 6		Decify) IBE NOW INJUR	TY OCCURED	
	1 Natural 5 Pending Investigation	(Month, De	ry, Year)	INJU		WORK?				., 00001120	
ED BY	Accident Investigation     Suicide 8 Could not be	and destant	-40			201 (Charles and A)	lumber or Rural I	Route Number			
<u> </u>	4 Homicide determined	28e. PLACE Of building,	etc. (Specify)		treet, lactory,	Offica		City or To	own, State)		
July LE 15	4 Homicide determined  29a. CERTIFIER (Check only 1 CERTIFYING PNYS)	ICIAN: To the best of	my knowledge, de	eath occurre	d at the time,	data and p	lace, and due to	Oity or To	own, State)  s) and manner a	as stated.	
3	4 Homicide detarmined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIE	ICIAN: To the best of ax	my knowledge, de	enth occurre investigation	d at the time,	data and pl	lace, and due to	o the cause(	a) and manner at	s to the cause(s	o) and manner as sta (Mgnth, Day, Year)
IO BE COMPLETE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	ICIAN: To the best of ax	my knowledge, de	enth occurre investigation	d at the time,	data and pi on, death o	lace, and due to	o the cause( me, data and DER	a) and manner at	to the cause(s	o) and manner as sta (Mgnth, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

2. DATE OF DEATH MONTH

20/9/

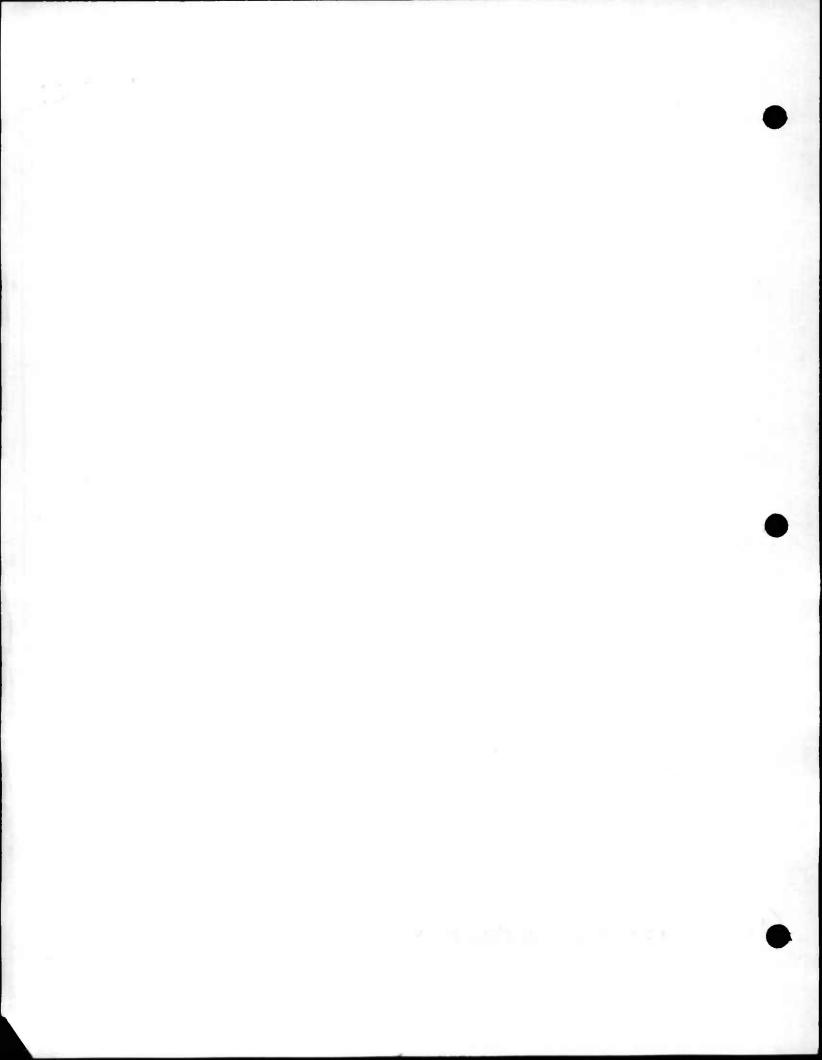
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21229 Approximata Intarval Between **Onset and Death** 

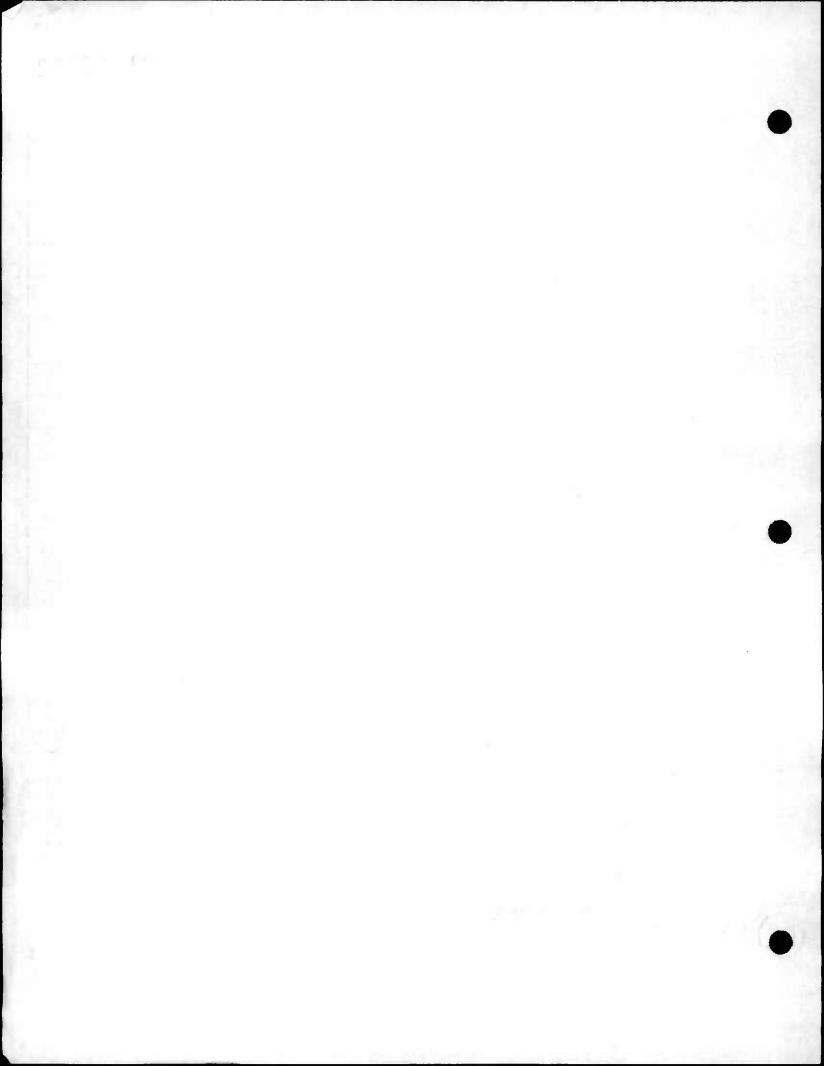
24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DE DEATHS



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

4. SOCIAL SECURITY NUMBER 212 82 6463  1	OO am tete or Foreign ND  DDE CITY ITS? S 2 NO NTRY?  can Indian, it.e.
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10. STREET AND NUMBER 4504 Ridge Ave.  10. ZIP CODE 21227 USA  11. MARITAL STATUS 1   MARITAL STATUS 1   Merriad 2   Merriad 5   Merriad 5   Merriad 5   Merriad 6   Fusion 6   Fyes, give war or dates 1   Yes 2   Mo Specify:  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16. DECEDENT'S EDUCATION (Specify only highest grade completed)  17. FATHER'S NAME (First, Middle, Last) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Last) 19. MAILING ADDRESS (Street and Number Grane Report)  19. MAILING ADDRESS (Street and Number Grane Report)  19. MAILING ADDRESS (Street and Number Grane Report)  19. MAILING ADDRESS (Street and Number Grane Report)  19. MAILING ADDRESS (Street and Number Grane Report)  10. AUT Use or thorough a complete only on control property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the p	ITS? s 2 NO NTRY?  can Indian, te.  INKE
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15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) 1 2 TH  17. FATHER'S NAME (First, Middle, Last) LAWRENCE H. RAYNOR  19. INFORMANT'S NAME (TyperPrint) LAWRENCE H. RAYNOR  19. INFORMANT'S NAME (TyperPrint) LAWRENCE H. RAYNOR  19. INFORMANT'S NAME (TyperPrint) LAWRENCE H. RAYNOR  19. INFORMANT'S NAME (TyperPrint) LAWRENCE H. RAYNOR  19. INFORMANT'S NAME (TyperPrint) LAWRENCE H. RAYNOR  19. INFORMANT'S NAME (TyperPrint) LAWRENCE H. RAYNOR  19. INFORMANT'S NAME (TyperPrint) LAWRENCE H. RAYNOR  19. INFORMANT'S NAME (TyperPrint) LAWRENCE H. RAYNOR  19. INFORMANT'S NAME (TyperPrint) LAWRENCE H. RAYNOR  19. INFORMANT'S NAME (TyperPrint) LAWRENCE H. RAYNOR  19. INFORMANT'S NAME (TyperPrint) LAWRENCE H. RAYNOR  19. INFORMANT'S NAME (TyperPrint) LAWRENCE H. RAYNOR  20. PLACE AND OATE OF DISPOSITION (Name of permitter) of completely crematory or other place) MEADOWRIDGE MEMORIAL PARK 9-23 ELKRIDGE, MARYL  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  12. NAME AND ADDRESS OF FACILITY HOWARD H. HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE, BALTIMORE, MD. 212  23. PART I. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cerdiec or respiratory arrest, one of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of t	INKE
19e. INFORMANT'S NAME (TyperPrint)  19e. MAILING ADDRESS (Street and Number C. intum rows and C., of Nown, State, Zip Code)  LAWRENCE H. RAYNOR  4721 BENSON AVE, BALTIMORE, MD. 21227  20e. METHOD OF OISPOSITION 1X Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  MEADOWRIDGE MEMORIAL PARK 9-23 ELKRIDGE, MARYL  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  WENT OF TOWN, State 22. NAME AND ADDRESS OF FACILITY HOWARD H. HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE, BALTIMORE, MD. 212  23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiec or respiratory arreat, into the control of the control of the control of the caused the death. Do not anter the mode of dying, such as cerdiec or respiratory arreat, into the caused the death. Do not anter the mode of dying, such as cerdiec or respiratory arreat, into the caused the death. Do not anter the mode of dying, such as cerdiec or respiratory arreat, into the caused the death. Do not anter the mode of dying, such as cerdiec or respiratory arreat, into the caused the death. Do not anter the mode of dying, such as cerdiec or respiratory arreat, into the caused the death. Do not anter the mode of dying, such as cerdiec or respiratory arreat, into the caused the death. Do not anter the mode of dying, such as cerdiec or respiratory arreat, into the caused the death. Do not anter the mode of dying, such as cerdiec or respiratory arreat, into the caused the death. Do not anter the mode of dying, such as cerdiec or respiratory arreat, into the caused the death. Do not anter the mode of dying, such as cerdiec or respiratory arreat, into the caused the death. Do not anter the mode of dying, such as cerdiec or respiratory arreat, into the caused the death. Do not anter the mode of dying area.	
LAWRENCE H. RAYNOR  19a. INFORMANT'S NAME (TyperPrint)  LAWRENCE H. RAYNOR  19b. MAILING ADDRESS (Street and Number c. Flural rows Law, or flown, State, Zip Code)  LAWRENCE H. RAYNOR  4721 BENSON AVE, BALTIMORE, MD. 21227  20a. METHOD OF DISPOSITION 1X Burlal 2 Cremation 3 Removal from State 4 Donestion 5 Other (Specify)  MEADOWRIDGE MEMORIAL PARK 9-23 ELKRIDGE, MARYL  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  ADDRESS OF FACILITY HOWARD H. HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE, BALTIMORE, MD. 212  23. PART I. Entar the diseases, or complications that caused the death. Do not antar the mode of dying, such as cerdiec or respiratory arreat, lints of the control of the control of the caused the death. Do not antar the mode of dying, such as cerdiec or respiratory arreat, lints of the caused the death. Do not antar the mode of dying, such as cerdiec or respiratory arreat, lints of the caused the death. Do not antar the mode of dying, such as cerdiec or respiratory arreat, lints of the caused the death. Do not antar the mode of dying, such as cerdiec or respiratory arreat, lints of the caused the death. Do not antar the mode of dying, such as cerdiec or respiratory arreat, lints of the caused the death. Do not antar the mode of dying, such as cerdiec or respiratory arreat, lints of the caused the death. Do not antar the mode of dying, such as cerdiec or respiratory arreat, lints of the caused the death. Do not antar the mode of dying, such as cerdiec or respiratory arreat, lints of the caused the death. Do not antar the mode of dying, such as cerdiec or respiratory arreat, lints of the caused the death. Do not antar the mode of dying, such as cerdiec or respiratory arreat, lints of the caused the death. Do not antar the mode of dying, such as cerdiec or respiratory arreat, lints of the caused the death. Do not antar the mode of dying area.	
17. FATHER'S NAME (First, Middle, Last)  LAWRENCE H. RAYNOR  199. INFORMANT'S NAME (Type/Print)  LAWRENCE H. RAYNOR  199. MAILING ADDRESS (Street and Number a: Fitual rouse - Africa, C., or Yown, State, Zip Code)  LAWRENCE H. RAYNOR  4721 BENSON AVE, BALTIMORE, MD. 21227  299. METHOD OF OISPOSITION 1X Burlal 2 Cremation 3 Removal from State of cemetary, crematory or other place)  MEADOWRIDGE MEMORIAL PARK 9-23 ELKRIDGE, MARYL  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  MEADOWRIDGE MEMORIAL PARK 9-23 ELKRIDGE, MARYL  22. NAME AND ADDRESS (Street and Number a: Fitual rouse - Africa, C., or Yown, State, Zip Code)  MEADOWRIDGE MEMORIAL PARK 9-23 ELKRIDGE, MARYL  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  12. NAME AND ADDRESS OF FACILITY 12. HOWARD H. HUBBARD FUNERAL HOME, INC.  4107 WILKENS AVE, BALTIMORE, MD. 212  23. PART I. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cerdiec or respiratory arrest, into One disease or condition reaulting in deeth)  DUE TO (OR AS A CONSEQUENCE OF):	
LAWRENCE H. RAYNOR  196. INFORMANT'S NAME (TyperPrint)  LAWRENCE H. RAYNOR  196. MAILING ADDRESS (Street and Number C. Fluster Co., or Yown, State, Zip Code)  LAWRENCE H. RAYNOR  4721 BENSON AVE, BALTIMORE, MD. 21227  206. METHOD OF OISPOSITION   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OF Comments of Commentary or other place)   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE   OATE	
198. INFORMANT'S NAME (Type/Print)  LAWRENCE H. RAYNOR  4721 BENSON AVE, BALTIMORE, MD. 21227  208. METHOD OF OISPOSITION   200. PLACE AND OATE OF OISPOSITION (Name of compiler place)   200. PLACE AND OATE OF OISPOSITION (Name of compiler place)   200. PLACE AND OATE OF OISPOSITION (Name of compiler place)   200. PLACE AND OATE OF OISPOSITION (Name of compiler place)   200. PLACE AND OATE OF OISPOSITION (Name of compiler place)   200. PLACE AND OATE OF OISPOSITION (Name of compiler place)   200. PLACE AND OATE OF OISPOSITION (Name of compiler place)   200. PLACE AND OATE OF OISPOSITION (Name of compiler place)   200. PLACE AND OATE OF OISPOSITION (Name of compiler place)   200. PLACE AND OATE OF OISPOSITION (Name of compiler place)   200. PLACE AND OATE OF OISPOSITION (Name of compiler place)   200. PLACE AND OATE OF OISPOSITION (Name of compiler place)   200. PLACE AND OATE OF OISPOSITION (Name of compiler place)   200. PLACE AND OATE OF OISPOSITION (Name of compiler place)   200. PLACE AND OATE OF OISPOSITION (Name of compiler place)   200. PLACE AND OATE OF OISPOSITION (Name of compiler place)   200. PLACE AND OATE OF OISPOSITION (Name of compiler place)   200. PLACE AND OATE OF OISPOSITION (Name of compiler place)   200. PLACE AND OATE OF OISPOSITION (Name of compiler place)   200. PLACE AND OATE OF OISPOSITION (Name of compiler place)   200. PLACE AND OATE OF OISPOSITION (Name of compiler place)   200. PLACE AND OATE OF OISPOSITION (Name of compiler place)   200. PLACE AND OATE OF OISPOSITION (Name of compiler place)   200. PLACE AND OATE OF OISPOSITION (Name of compiler place)   200. PLACE AND OATE OF OISPOSITION (Name of compiler place)   200. PLACE AND OATE OF OISPOSITION (Name of compiler place)   200. PLACE AND OATE OF OISPOSITION (Name of compiler place)   200. PLACE AND OATE OF OISPOSITION (Name of compiler place)   200. PLACE AND OATE OF OISPOSITION (Name of compiler place)   200. PLACE AND OATE OF OISPOSITION (Name of compiler place)   200. PLACE AND OATE OF OISPOSITION (Name of compiler place)	
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Diseas	
cause. Enter UNDERLYING CAUSE (Disease or injury	
CAUSE (Disease or injury that initiated events resulting in deeth) LAST	
d. 15/ 1886 18 WELLTIME.	
PART if. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUT	TOORY EINDIN
PERFORMED? AMILABLE	LE PRIOR TO
1 TYES 2 TO NO OF DEATH	
1 TES	8 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:	
EXAMINER?  1 YES 2 NO  1 Inpatient 2 ER/Outpatient 3 DOA  4 Nursing Home 5 Residence a Other (Specify)	
27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED	-
1 Netural 8 Pending (Month, Day, Year) INJURY WORK?  Mt 1 YES 2 NO	
2 Accident investigation 28s. PLACE OF INJURY — At home form street factory office. 28s I OCATION (Street and Number or Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Number of Burst Booth, Numb	her
S Could not be determined building, etc. (Specify)	
AND CERTIFIED	
29e. CERTIFIER  1 Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.	
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and mani	aner en eteted
29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Da	
KOVA W. S 1542219 > 9/20/0	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	
KOYA, IBIKYHCE 900 CHTON AV, BALT. MD 21224	
31. DATE-FILEO (Month, Day, Your) 132, REGISTRAR'S SIGNATURE	

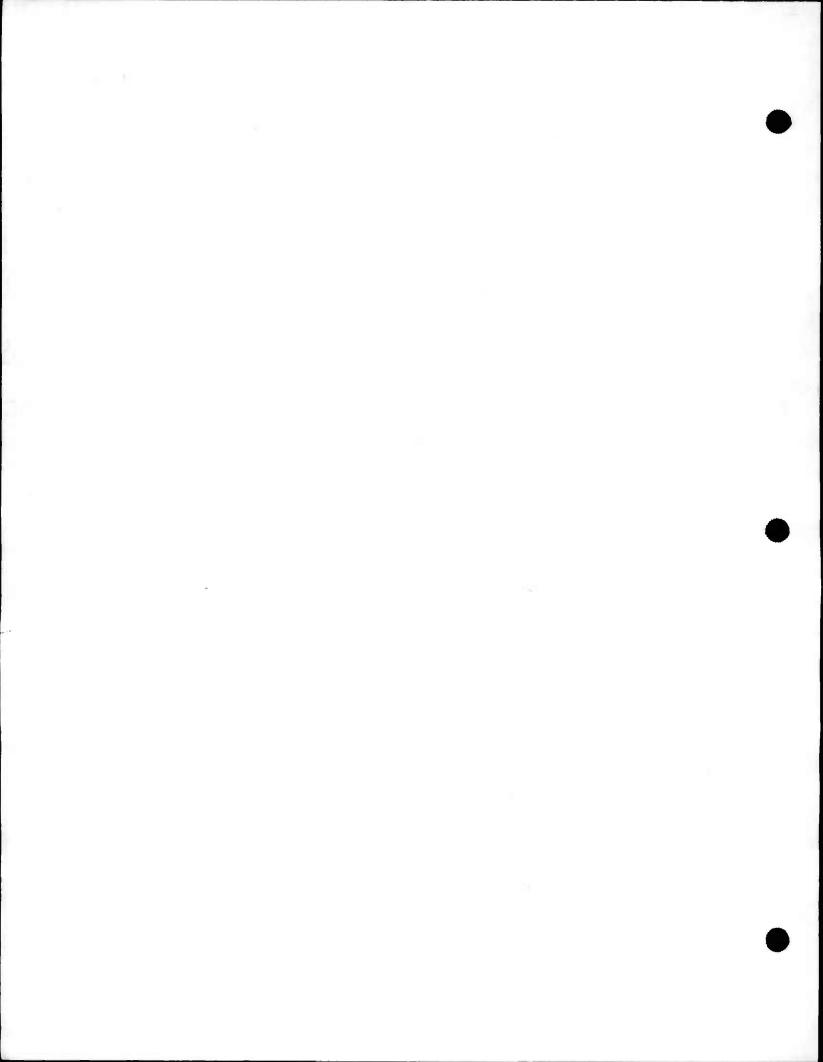




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RECORDS, P.O. BOX	
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OF	
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STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIE	ENE
		CI	ERTIFICATE	0	F DEAT	ГН		REG N	NO.

	FOR 1 - STATE REGISTRAR	STATE OF !	MARYLA	ND / DEPAR CERTIF			EALTH AND I DEATH	MENTAL	L HYGIENE REG. NO.		91	25833
	1. DECEDENT'S NAME (First, Middle, Last)	•			_				OF DEATH	, ,	3. Tt	ME OF DEATH
	DORUTHY	5 .	911	L-EC	E			CONTI	27	9	YEAR 3.1	- 33 P m
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In	yrs. last birthday)	IF UNDER		IF UNDER 24 HRS.		OF BIRTH	6	. BIRTHPLAC	E (State or Foreign
	212-10-4306	1 □ M 2 🂢 F	7	6 YRS.	MONTHS	DAYS	HOURS MIH.		2/191	5		land
1	9a. FACILITY NAME (If not institution, give s	treet end number)			9b. CITY	TOWN C	R LOCATION OF DE				Y OF DEATH	
DIRECTOR	Harbor Hospi	tal Cen	ter		Ba1	to.	City, M	d.				-
Ä	10e, STATE 10b, COUNTY	1		10c. CIT	Y, TOWN C	R LOCAT	ION				10d.	INSIDE CITY LIMITS?
	Maryland -				Ba1t		ity,Md.	•			1 🔀	YES 2 NO
₹	10e. STREET AND NUMBER					101	. ZIP CODE			_	N OF WNAT	COUNTRY?
導用		E.Heath	St,				21230				SA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE	YES	2 - NO		If yes, sp	ENDENT OF HISPAI scity Cuben, Mexica 2 XNO Specifi	in, Puerto I		or No— 1	4. RACE — Al Black, Whi Specify: W	markean Indien, te, etc.
	15. DECEDENT'S EDU (Specify only highest grade			16a. DECEDENT'S (Give kind of				16b	, KIND OF BUS	INESS/INDU		
4	Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT u	se retired.)	ouring mo	at or working					
MP	8th.Grade -			Home	make	r			Own	Home		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First, )	Middle, Malden S	Sumame)		
BE	Jan	nes D		Valen	tine		Nell:	ie	C. He	1fex:	stay	
2	19e. INFORMANT'S NAME (Type/Print)						and Number or Rural		•			
-	Mr.James H.Val	Lentine					psco St					
	20e. METHOD OF DISPOSITION 1   Buriel 2 □ Cremetion 3 □ Rem	oval from State	20b.	PLACE OF DISPO	SITION (N	me of cer	netery, cremetory or Cemeter		1		ty or Town, S	tato
1	4 Donation 5 D Other (Specify)	CENGEE	-	Loudoi			VO ADDRESS OF FA			lto.N		
	II. SIGNAL ONE OF CONTRACT SERVICE DA	^ /	1	/	22.	NAME A	TO ADDRESS OF FA	WILL !	Ba	lto.	Md.21	230
	Hancel	a. 7/	ay	W	N	1cCu	111y Fu	nera	1 Hom	e,13	0 E.E	ort Ave
	23. PART I. Enter the diseases, or ahock, or heert failure.  IMMEDIATE CAUSE (Final disease or condition	List only one ca	use on ea	ch line.			-504110-400-6				nt,	Approximate interval Between Onset and Death
	reaulting in death)	a. CAR		CONSEQUENCE C			169	711	CIRC	> /		
	_					CE	PHAL	a	ATK	11	i	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate			CONSEQUENCE C					-	/		
8	cause. Enter UNDERLYING	SIP	CA	HRDII	AC.		ARRE	57	- 8.			
Ē	CAUSE (Disease or Injury that initiated events			CONSEQUENCE C							1	
F	resulting in death) LAST	CON	OIL	STIVI	= /	420	ART !	FA	ILUR	$\epsilon$		
	PART ii. Other aignificent condition	na contributing to	deeth be	it not resulting	In the III	ndertvin	a cause alven in	Part I	24s. WAS AN	ALITOPSV	24h WEE	E AUTOPSY FINDINGS
SAL	CHRONIC	ORSTO		_	/		WAY		PERFOR	MED?	AVAI	LABLE PRIOR TO IPLETION OF CAUSE
	DI STASE	1 1000			DER		N PA	_	1 - YES 2	NO	OF t	DEATH?
Σ		/			UC!	<u></u>	01	_			1 1	YES 2 NO
AN	DIPISETES, 144 25. WAS CASE REFERRED TO MEDICAL	PERTEN	3/0/(	/ /		26. P	LACE OF DEATH (C)	heck only o	ne)			
S	EXAMINER?	HOSPITAL:	□ FR/Outo	etlant 3 DOA	OTHE	R:	ne 5 🗆 Reeldence		-1100-			
PHYSICIAN: MEDICA	27. MANNER OF DEATH	280. DATE C	F INJURY	28b. TII	ME OF	28c. IN.	JURY AT	_	SCRIBE HOW II	NJURY OCCI	JRED	
	Natural 8 Pending	(Month,	Day, Year)	an an	JURY M		YES 2 NO					
BÁ	2 Accident Investigation 3 Suicide a Could not be	28e. PLACE	OF INJURY	— At home, ferm,	etreet, fac	tory, offic	:0	28f. LOC	CATION (Street e	and Number o	or Rural Route	Number,
Ä	4 Homicide determined	building	, etc. (Spec	ny)				City	or Town, State)			
۳	290. CERTIFIER	SICIAN: To the best	of my knowl	edge, death occur	red et lhe	lime, date	end place, and du	a to the ca	k/se(a) and man	mer as stete	d.	
COMPLETED	(Check only one) 2 MEDICAL EXAMIN											menner ee stated.
	296. SIGNATURE AND TITLE OF CERTIFIE	ER /	1				29c. LICENSE NU	JMBER		29d. DATE	SIGNED (Mor	othy Day, Ybar)
3 BE	Arthea 1	1 wear	olu	A	1.2	٠.				19	121	19/
5	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CA	USE OF DE	1 -	_						-2.00	_
	AVWANDU, +	HARBO	2	HOSP	11	76	CENT	EX,	BA	LTIM	rojer	=
	31. DATE FILED (Month, Day, Year)	32. REGISTI	IAR'S SIGN	ATURE								
	SEL 2.0 / 130	guna Dayo	SON-1	mante								DUMU 40 Day 470
	7 91 mgs											DHMH-16 Rev 1/89



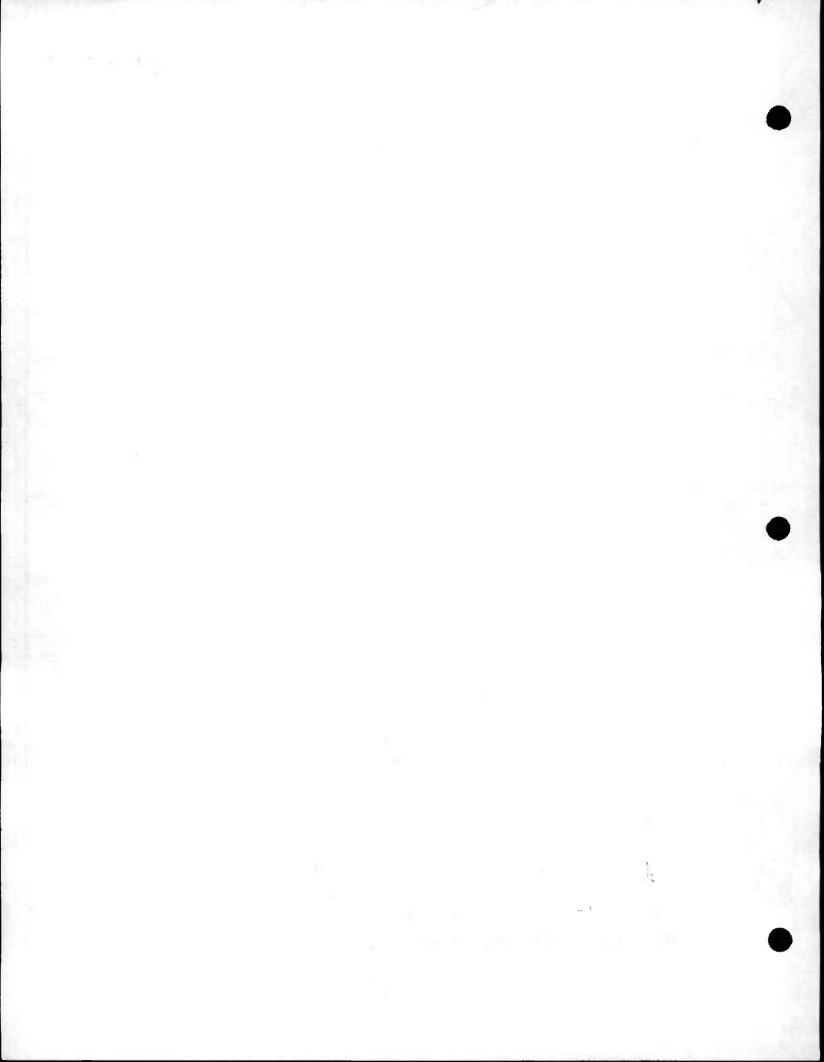
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FINEFAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR	STATE OF MARY		IT OF HEALTH AND E OF DEATH	MENTAL HYGIEN REG. NO.			
1. DECEDENT'S NAME (First, Middle, L Charlotte	Louise	Hom	e	2. DATE OF DEATH MONTH DATE OF 20			
4. SOCIAL SECURITY NUMBER 218–30–6346  9e. FACILITY NAME (If not institution.	1 □ M 2 🔀 F	75 YRS. MONTH		7. DATE OF BIRTH (Month, Day, Year) 10/5/15	9c, COUNTY C	Maryland	
St. Joseph's Hos	oital	_	TY, TOWN OR LOCATION OF OWSON	DEATH	12.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	e County	
10a. STATE 10b. CO		10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
10e. STREET AND NUMBER	•		10f. ZIP CODE			OF WHAT COUNTRY?	
1843 Cape May Road  11. MARITAL STATUS  1  Never Married 2  Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 X NO	21221 3. WAS DECENDENT OF HISP If yes, specify Cuban, Max 1  YES 2 NO Spe	ican, Puarto Rican, atc.)		A.  AACE — American Indian, Black, White, etc.  Specify: White	
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)		16a. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retired Retail Sale	e during most of working f.)	166. KIND OF BU		NY .	
17. FATHER'S NAME (First, Middle, Las	Boston	recuit Sale	18. MOTHER'S	NAME (First, Middle, Maiden Se Dullin			
190. INFORMANT'S NAME (Type/Print) Mrs. Betty L. Shine		196. MAILING ADDRI 1843 Cape	ess (Street and Number or Rur May Rd. Baltin	nore, Md 2122	1		
20s. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 4 Donatton 5 Other (Specify)	Ramoval from Stata	ob. PLACE AND DATE OF DI f cemetary, crematory or othe lilltop Service	Corp.	9/20/91 Tov	vson, Md.	or Town, Stata	
21. SIGNATURE OF FUNERAL SERVICE  Mark T	- Bavoyna	ľ	Leonard J. Ruc 5305 Harford F	k Inc.	. Marvlar	d 21214	
23. PART I. Enter the diseases ahock, or heert fell IMMEDIATE CAUSE (Finel disease or condition resulting in death)	lure. List only one cause on	STIVE	HEART	FAILU	RE	Approximate interval Betwee Onset and Dea	
Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. ACUTE DUE TO (OR AS	EXAC	ERBATIO	N OF	COY.	D	
PART II. Other algnificant cond	ditions contributing to death	but not resulting in the	underlying cause given	in Part I. 24a. WAS AF PERFO	RMED?	24b. WERE AUTOPSY FINDINAMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
25. WAS CASE REFERRED TO MEDIC EXAMINER?			28. PLACE OF DEATH	(Check only one)			
1 TYES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Ou		lursing Home 5 - Rasiden				
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investige			28c, tNJURY AT WORK?  1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED			
3 Suictde 6 Could n 4 Homicide determin	ot be 28e. PLACE OF INJUR	RY — At home, farm, street, pecify)	actory, offica	281. LOCATION (Street City or Town, State	et and Number or Rural Route Number, te)		
one)	PHYSICIAN: To the best of my kno AMINER: On the bests of examinat					use(a) and manner as stated.	
296. SIGNATURE AND TITLE OF CEP	m		29c LICENSE	S 886	29d. DATE SK	RNED (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON  CORA LLOS  31. DATE FILED (Month, Day, Year)	N WHO COMPLETED CAUSE OF I	JOSE P.H	HOSPITAC	Tows	NM	n 2120	
CED 0 2 4004	0	R C. 60					



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	1 - STATE STATE OF MARYLAND / DEPARTM CERTIFICATION	IENT OF HEALTH AND MENT ATE OF DEATH	TAL HYGIENE REG. NO.	91 25835					
	1. DECEDENT'S NAME (First, Middle, Last)  CATHERINE L. HARRIS		TE OF OFATH	3. TIME OF DEATH					
	212-05-6285) 1 D M 2 XF 90 YRS. MON	NTHS DAYS HOURS MIN.	TE OF BIRTH 8.	BIRTHPLACE (State or Foreign Country) MARYLAND					
DIRECTOR	STELLA MARIS	TOWSON, MA	RYLAND -	BALTIMORE					
	Maryland Baltimore Perr	OWN OR LOCATION  Y Hall		10d. INSIDE CITY LIMITS? 1 YES 2 X NO					
FUNERAL	16 Stone Falls Ct.	101. ZIP CODE 21236	U.S.	N OF WHAT COUNTRY?					
BY	11. MARITAL STATUS  1 Never Married 2 Married  3 W Widowed 4 Olvorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPANIC ORICE If yes, specify Cuban, Maxican, Puart 1 YES 2 NO Specify:	GIN? (Specify Yes or No.— 14	Black, White, atc.  Specify: White					
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) IIIe. Do NOT use reti	done during most of working lired.)	16b. KIND OF BUSINESS/INDUS						
	8 Yrs. Homemake 17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First	it, Middle, Malden Surname)						
TO BE	Samuel L. Freedman  10e. INFORMANT'S NAME (Type/Print)  10b. MAILING ADD	Mary E. F.  DRESS (Street and Number or Rural Route Nu	Haggarty Imber, City or Town, State, Zip Cc	ode)					
	20a. METHOO OF DISPOSITION 20b. PLACE AND DATE OF DIS	e Falls Ct., Balt	O., Md. 21236						
	4 Donation 5 Other (Specify) Cemerous Train State More Land Ce	emetery 9-24-91							
	Roy H., Cather Roy H. (Cather)	Leonard J. Ruck, Inc.,	5305 Harford Rd.	Balto. Md. 21214					
	23. PART I. Enter the diseases, or complications that caused the death. Do not a shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):	inter tha mode of dying, such as ca	ardiac or respiratory arrest	Approximate interval Between Onset and Daath					
ATION	Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING								
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST								
MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE OF DEATH (Check only a	(Ina)	20 M 237 25 M 1/2					
HYSIG	1 ☐ YES 2 ¥ NO 1 ☐ Impellent 2 ☐ ER/Outpetlent 3 ☐ DOA 4 ¥	HER: Nursing Home S I Residence 6 I Oth							
BY Pi	1 Natural 5 Pending (Moint, Day, Pear) INJURY Accident Investigation	M 1 YES 2 NO	ESCRIBE HOW INJURY OCCUR	ero .					
	3 Suichde 8 Could not be determined 28e. PLACE Of INJUSY — At home, farm, street, building, ac. (Specify)	Ch	KCATION (Street and Number or R y or Town, State)	Pure/ Route Number,					
COMPLETED	CERTIFIER  (Check only  Committee of my knowledge, death occurred at the committee of my knowledge, death occurred at the committee only  MEDICAL EXAMINER: On the basis of essentinetial author investigation, in recommendation of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee of the committee o	the time, date and place, and due to the ca my opinion, death occured at the time, dat	nute(s) and manner as stated. te and place, and due to the ce	luse(s) and manner as stated.					
TO BE	29h, SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE HUMBED	29d. DATE SIG	GNEO (Month, Day, Year) -21-91					
	30. NAME AND ADDRESS OF PERSONNEL COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Priot)  EDDIE NAKHKDA, M.D STE	ELLAMARIS -7	TOWSON, A	4D 21204					
	SEP 2 3 1991 July Davidson Randell								

A gray of the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the same that the sa "n Z = 5 %1 Note that the second 

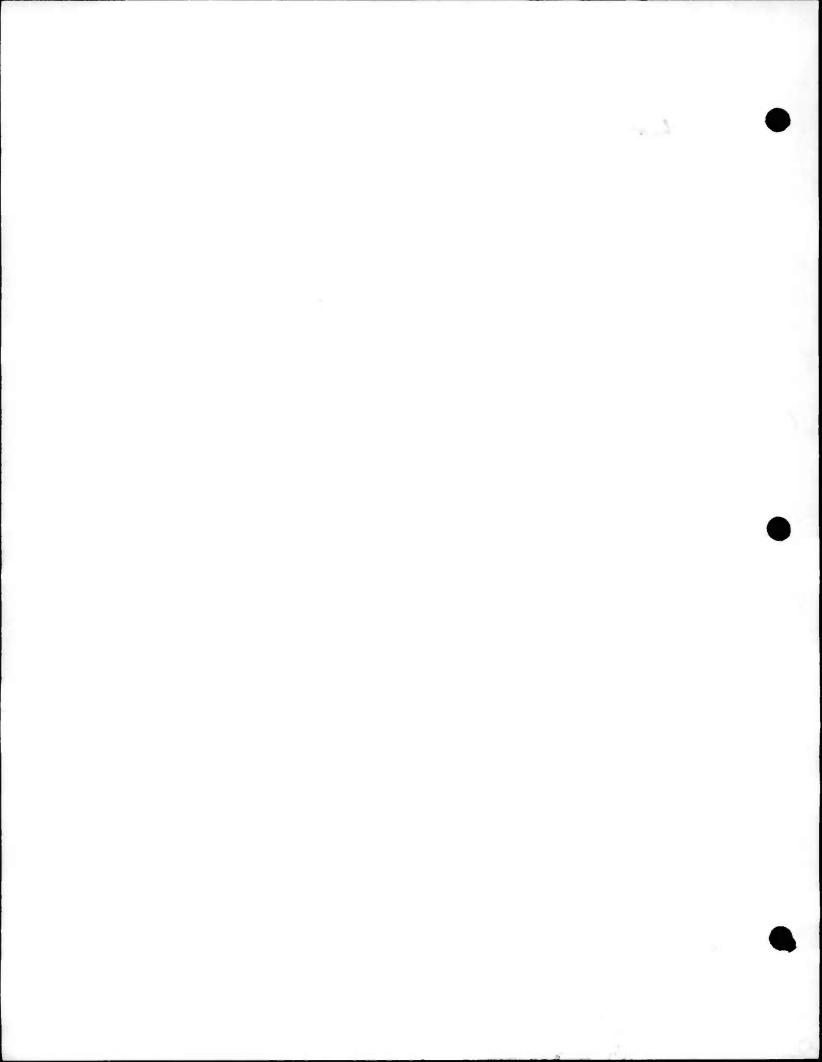
ARYLAND 21203-3146

BALTIMORE

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFICA	ENT OF H	EALTH AND M DEATH	ENTAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Lest)	e H	ebron			2. DATE OF DEATH	DAY YE	3. TIME OF DEATH  2300 M	
	4. SOCIAL SECURITY NUMBER 220-20-6515	0 1	56 YRS. MON	UNDER 1 YEAR THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) MAY 20	8.	BIRTHPLACE (State or Foreign Sountry) Maryland	
OR	9a. FACILITY NAME (If not institution, give s  John Hopkins				R LOCATION OF DEA	тн	9c. COUNTY	of DEATH ndalk	
DIRECTOR	Maryland	,		WN OR LOCAT		Marvla	n d	10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER	RCHARD LAI			21222	HOLYTO	10g. CITIZEN	OF WHAT COUNTRY?	
B	11. MARITAL STATUS 1 Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	IN U.S. AMMED S 2 NO DATES	13. WAS DECI If yea, spe 1 YES	cify Stiban, Maxican,	C ORIGIN? (Specify Y , Puarto Rican, etc.)	ea or No- 14.	RACE — American Indien, Black, White, etc. Specify: Black	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S USU. (Give kind of work life. Do NOT use rei	done during mos ired.)	N at of working	18b. KIND OF B	USINESS/INDUST	TRY	
	17. FATHER'S NAME (First, Middle, Lest)  LEON HEBRON					E (First, Middle, Maide	11,000		
TO BE	190. INFORMANT'S NAME (Type/Print)  JEROME HEBRO					oute Number, City or R			
	20e. METHOD OF DISPOSITION 1 Gurlel 2 Cremation 3 Guard 4 Donation 5 Guard Other (Specify)	oval from State	eb. PLACE OF DISPOSITION other place) MT	CALVA	RY CEM		OCATION — CILY BALTIM	or Town, Stata ORE MARYLANI	
	21. SIGNATURE OF FUNERAL SERVICE LIC	a C à	Leene		ES A MO		1701	LAURENS ST	
CERTIFICATION	23. PART I. Enter the disense, or complications that caused the daeth. Do not enter the mode of dying, such as cardiac or respiratory errest, approximate interval Between Onset and Daeth of the cause of condition resulting in deeth)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):								
CAL	PART II. Other algolificant condition	d	but not resulting in t	ne underlying	g cause given in F		AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	utpetient 3 DOA 43	THER:	ACE OF DEATH (Che				
ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	26a. DATE OF INJURY (Month, Day, Year		28c. (NJ	URY AT	28d. DESCRIBE HOV	/ INJURY OCCUP	ED	
	2 Accident investigation 3 Suicide 8 Could not be determined  28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)					a 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLET	one)	ER: On the best of my known						suse(s) and manner as stated.	
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	Denma	NMD		DQ 35	84	29d. DATE S	GNED (Morith, Day, Year) 20/9/	
	30. NAME AND ADDRESS OF PERSON WE	5505 HOP	Kins Bay	vieu	, Circl	e Bal	+ Md :	21224	
	SFP 9 3 1001	32. REGISTRAR'S SIG	Pronde 12						



## BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: Il item 28 is marked. or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAI REGISTRAR	ND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	91
1. DECEDENT'S NAME (First, Middle, Last)	HAVS	2. DATE OF DEATH MONTH DAY	YEAR

	REGISTRAR		CE		CATE OF			PEC			
	1. DECEDENT'S NAME (First, Middle, Last)				OAIL OI	DLA		REG.			3. TIME OF DEATH
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	4. SOCIAL SECURITY NUMBER	5. SEX 6. /	AGE (In yrs. lest	birthday)	IF UNDER 1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF BIRTI		A BIRTH	NPLACE (State or Foreign
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0 8	19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (Street			oute Number, City o		ip Code)	
2	Sandra E. Trimb	ole						l.,Sykes			178/
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1	4 Donetion 5 Other (Specify)	oval from State	Metro	o Cre	er placa) matory			9-23-91			lle, MD.
ł	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE 0			22. NAME /	NO ADDRE	SS OF FACI		0400		
	► Jackie N	. Shann	on.	•	HUBBA	ARD F	unera	1 Home,	Inc.		07 WilkensAv 1timore, MD
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or injury that initiated events resulting in death) LAST    Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constitution   Constituti										
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YES 2  ne end place, death occur  29c. LICE  O • (	EATH (Chec 8 ) NO )	k only one)  Other (Specify)  28d. DESCRIBE NO  City or Town, S  the ceuse(e) end me, date end place	OW INJURY OCHOR and Number reference start and Number reference start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and start and st	OCURED  or or Rural R  tited,	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATN?  1 YES 2. 100  Noute Number,



DHMH 16 Rev 1/89

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BY FUNERAL DIRECTOR

BE COMPLETED

2

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

1 TYES 2 THO

27. MANNER OF DEATH

1 Natural

2 Accident

3 Sulcide

4 Homicide

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page hilled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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						91	25838
FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGIEN		
1. DECEDENT'S NAME (First, Middle, Las	Baby And				2. DATE OF DEATH MONTH D	RA3Y YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER None	1 - M 2 DF		UNDER 1 YEA		7. DATE OF BIRTH (Mooth, Day, Year)	8. BIRTHP Country)	LACE (State or Foreign
90. FACILITY NAME (If not institution, given Hosp A	tal Center:	s. Hanoverno St	Poe	It Md.	ATH 2.30	9c. COUNTY OF DE	ATH /
10e. STATE 10b. COU	NTY	10c. CITY, TO	Bal	etimore.	-		10d. INSIDE CITY LIMITS? 1 TP YES 2 - NO
Harbor Hos	116 Webster Octal Cente			101. ZIP CODE 21230		10g. CITIZEN OF WHU	HAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, OIVE WAR OR D	2 NO	If yes,	DECENDENT OF HISPAN , specify Cuben, Mexicer YES 2 Specify	n, Puerto Ricen, atc.)	e or No— 14. RACE Black, Specify	- American Indian, White, etc.
15. DECEDENT'S E (Specify only highest gr Elamentary/Secondary (0-12) None	College (1-4 or 5+)	18e. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during tired.)	ATION y most of working	16b, KIND OF BU	SINESS/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last)  Mark The (	odore Hass	elberge		18. MOTHER'S NAI	ME (First, Middle, Melder	D	000
19a. INFORMANT'S NAME (Type/Print) Harbor Nos (	utal Cente	196. MAILING ADI	DRESS (Stre	ta nour	1 .	Poult (	nd 21230
20a. METHOD OF DISPOSITION  1 Portial 2 Cremetion 3 8 4 Donation 5 Other (Specify)	amoval from State	other place)  Cedar I		Cemetery, cremetory or		A . Co . Md	n, Stata
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE DOW	lor		e and address of fac Cully Fur	B	alto.Md. me,13o E	2123o .Fort Ave
·	or complications that cause re. List only one cause on	d the death. Do not each line.					Approximate interval Batween
IMMEDIATE CAUSE (Final disease or condition resulting in daeth)	a. DUE TO (OR AS	nuphale		+ premas	inty		Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	bDUE TO (OR AS	A CONSEQUENCE OF):					
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):					

PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part I.

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO 24a. WAS AN AUTOPSY PERFORMED? COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | -NO 1 - YES 2 - NO

29d. DATE SIGNED, (Month, Day, Year)

20

RALTIMONS

9

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Diripatient 2 ER/Outpatient 3 DOA OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined

04/252

HANGTON ST.

29e. CERTIFIER (Check only	1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.
one)	A I MEDICAL EVANIMED. On the healt of appropriate and the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the least of the

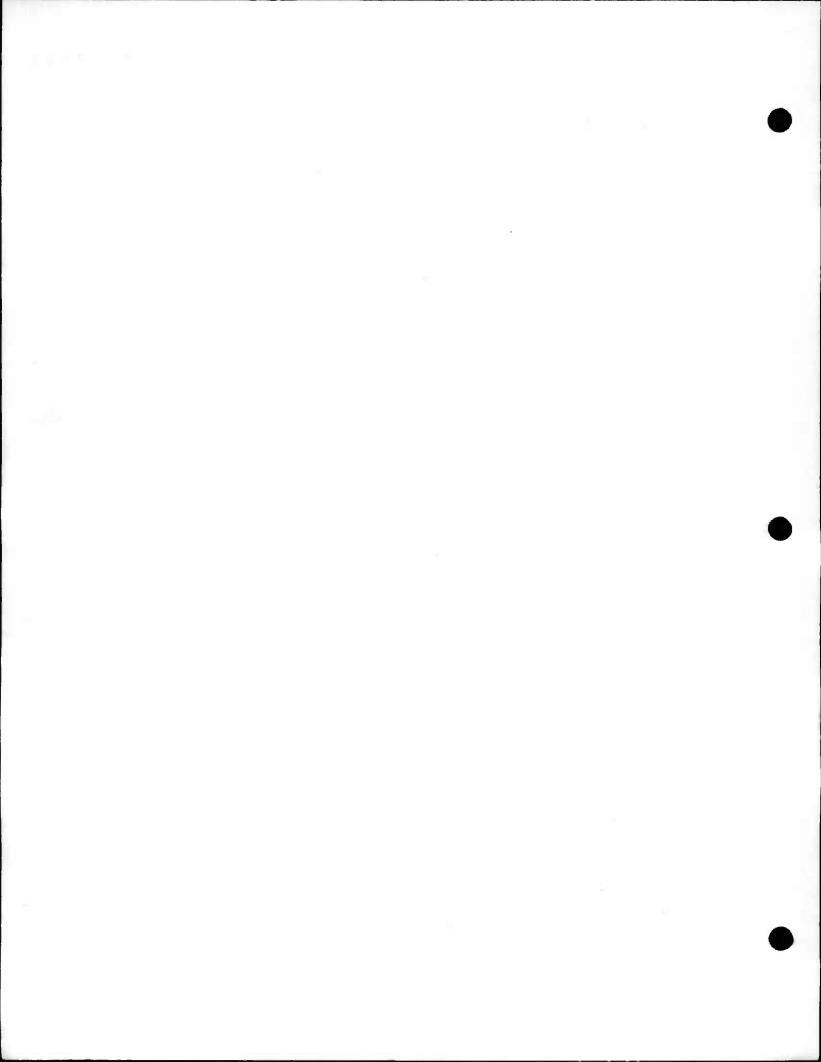
296. SIONATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

2001

	w		1 aco			
NAME AND	ADDRESS C	PERSON	WHO COM	PLETED CAUSE	OF DEATH (ITEM 27) (Typ.	oe, Print)

HARBON HOSPITAL CENTER

32. HENISTRAN'S SIGNATURE



13146,
BOX
P.0.
RECORDS,
VITAL
OF
DIVISION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 nous after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR		CE	RTIFIC	CATE OF	DEATH	RE	G. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest) ELSIE GERTRUDE J	ACOBS					2. DATE OF D	20 ^{AY}	95AR	3. TIME OF DEATH 5:42 A M
9	4. SOCIAL SECURITY NUMBER 213-03-8704	5. SEX 6.	AGE (In yrs. last i		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day, 11 -	16-189	Coun	HPLACE (State or Foreign try) RYLAND
TOR	98. FACILITY NAME (If not institution, give s HOMEWOOD RETIREMI RESIDENCE OF DECEDENT	,			WILLIA	MSPORT	EATH		ASHIN	
DIRECTOR	10a. STATE 10b. COUNT	Y TIMORE			TOWN OR LOCAL					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	106. STREET AND NUMBER 1212 TUGWELL DRIV	VE.			10	21228			CITIZEN OF	WHAT COUNTRY?
BY	11. MARITAL STATUS 1  Never Married 2  Married 3 XXWidowed 4  Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR		(ED	If yes, sp	ENDENT OF HISPA ecity Cuben, Mexic 2 3 NO Speci	an, Puerto Rican,		Blac	CE — American Indian, ck, White, etc. city: WHITE
品	15. DECEDENT'S EDU (Specify only highest grade		16e. DEC	EDENT'S US	SUAL OCCUPATION done during more retired.)	DN osl of working	16b. KIND	OF BUSINESS	/INDUSTRY	WELLE
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		OO NOT use I				OMEMAK	TNC	
NO	17. FATHER'S NAME (First, Middle, Lest)		11	OFILTIA	IKEK	16. MOTHER'S N	AME (First, Middle			
BE C	WILLIAM SERBI	2				LOUI	SA M	IALKE		
TO E	19e. INFORMANT'S NAME (Type/Print)					and Number or Rural				
	HELEN CREAMER					UE, GLEN		, MD 20c. LOCATION	2106	
	20e. METHOD OF DISPOSITION  1  Burlel 2  Cremation 3  Rem  4  Donetion 6  Other (Specify)	oval from State	other plac	ce)	EMETERY	metery, cremetory or				MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	112012	Idi Ol	22. NAME A HOWAR	ND ADDRESS OF FA	ARD FUN	ERAL H	OME,	INC.
	23. PART I. Enter the disease, or	Colemen				WILKENS	-			21229 Approximate
CERTIFICATION	ahock, or heart fillure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OF	R AS A CONSEOL	UENCE OF):		ash	lo VC	Kul	bd	Interval Between Onset and Death
	PART II. Other aignificant condition	na contributing to de	eath but not re	eulting in	the underivir	g cause given in	Part I. 24s.	WAS AN AUTOF	rsy 24	b. WERE AUTOPSY FINDINGS
N: MEDICAL	Riest ca	sel.						PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		1.		LACE OF DEATH (C	heck only one)			
YSI	1 TYES 2 NO	1 D inputient 2 DE		DOA 4		ne 5 🗆 Residence	_			
ВУ РН	27. MANNES OF DEATH  1 Astural 5 Pending 2 Accident Investigation	28a. DATE OF IN. (Month, Day,	Year)	26b. TIME	RY W	JURY AT ORK? YES 2 NO	28d. DESCRIB	PRINTING WORLD	OCCURED	
0	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)					e .	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLET	one)	ER: On the basie of exam								i(e) end menner as stated.
BE	296. SIGNATURE AND THE CONTINUE	1				DE LICENSE NO	FOR	5 28d.	DATE BIGHE	20/2/
2	Algudax	700	16/E	56	To KK	Mu	14	150	200	mus.
	SEP 2 3 1991	Jelia Davidso	M-Randal	2			1	1		01742



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3. TIME OF DEATH

10d. INSIDE CITY 1 TES 2 NO

way

Month

Approximate Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 | YES 2 | NO

Specify:

25

burial-transit permit. Pages 1, 2, 3 should

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BE COMPLETED BY

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	e hospital	TO THE CONTROLL AND THE CONTINUE CONTINUE AND DEED SIGNED BY The attending physician and completely filled in by the funeral director, page 5 should be detached for use as		nce.
	ned by th	ould be d		fled at o
	y be retai	age 5 sh		be notif
	ige 6 may	director, p		ir must
	death. Pa	funeral of		examine
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	th certific	ending pl	Il Hygiene	or othe
	it the dea	by the att	ind Menta	/ Injury,
	quires tha	n signed	f Health a	ows any
	he law re	has bee	e Dept. o	m 23 sh
	SICIAN: 1	certificat	h the Stat	d, or ite
	PHY BANK	After this	death with	market
	R.ATTEN	HO SHE	Os after	sm 28 is
1		j	100 M	IMPORTANT-If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	0 14 1	O THE	e filod wil	MPORTA
	=	F	Ā	=

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, 2. DATE OF DEATH ames 0 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE IF UNDER 24 HRS. DAYS 9.18-003 1. M 2 | F Sa. FACILITY NAME (H nat 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Evergreen N.W more BE COMPLETED BY FUNERAL DIRECTOR RESIDENCE OF DE CEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10e. STREET AND NUMBER 101. ZIP CODE 16g. CITIZEN OF WHAT COUNTRY? ledere 2525 11. MARITAL STATUS WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — America Black, Whita, atc. If yes, specify Cubas, Maxican, Puerto R

1 YES 2 NO Specify: 2 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Ging kind of work done during most of the Do NOT use retired.) 16, DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY ury (0-12) College (1-4 or 5+) 0 18. MOTHER'S NAME (First, Middle, Maider Sumame) IANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Num Plural Ploute Number, City or Town, State, Zip Code, 2 20s. METHOD OF DE POSITION 20b. PLACE OF DISPOSITION (N 22. NAME 23. PART I. Enter th complications that caused line used List only one cause on each line. hs that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, IMMEDIATE CAUSE (Final disease or condition entri cul gr resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION DUE TO OR AS A CONSEQUENCE Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 1 TYES 2 NO

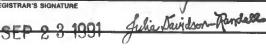
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH	(Check only one)
EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inputlant 2   ER/Outputlent 3		THER:  Nursing Home 5 Resider	nca 8 Other (Specify)
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O		28d. DESCRIBE HOW INJURY OCCURED
3 Suicide S Could not be determined	28a. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, stree	et, factory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

only	14 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.
	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time date and place, and due to the covered

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

Amatun H.	Macen_	7 15563	•	9/14/9/
30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  NA FFM 50)  O	pholin St Ba	170	MDaja 17
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	1/2/11/19		

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DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

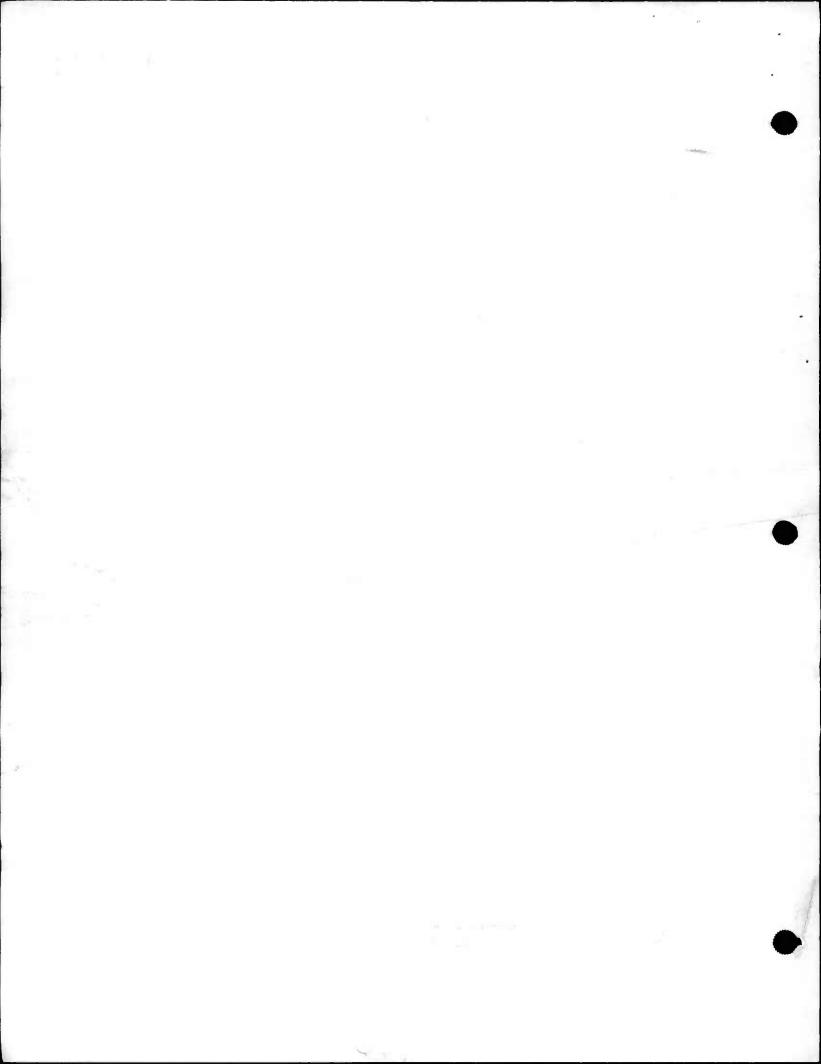
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

STATE	OF MAR	YLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		CI	ERTIFICATE	0	F DEAT	H		AEG. NO.

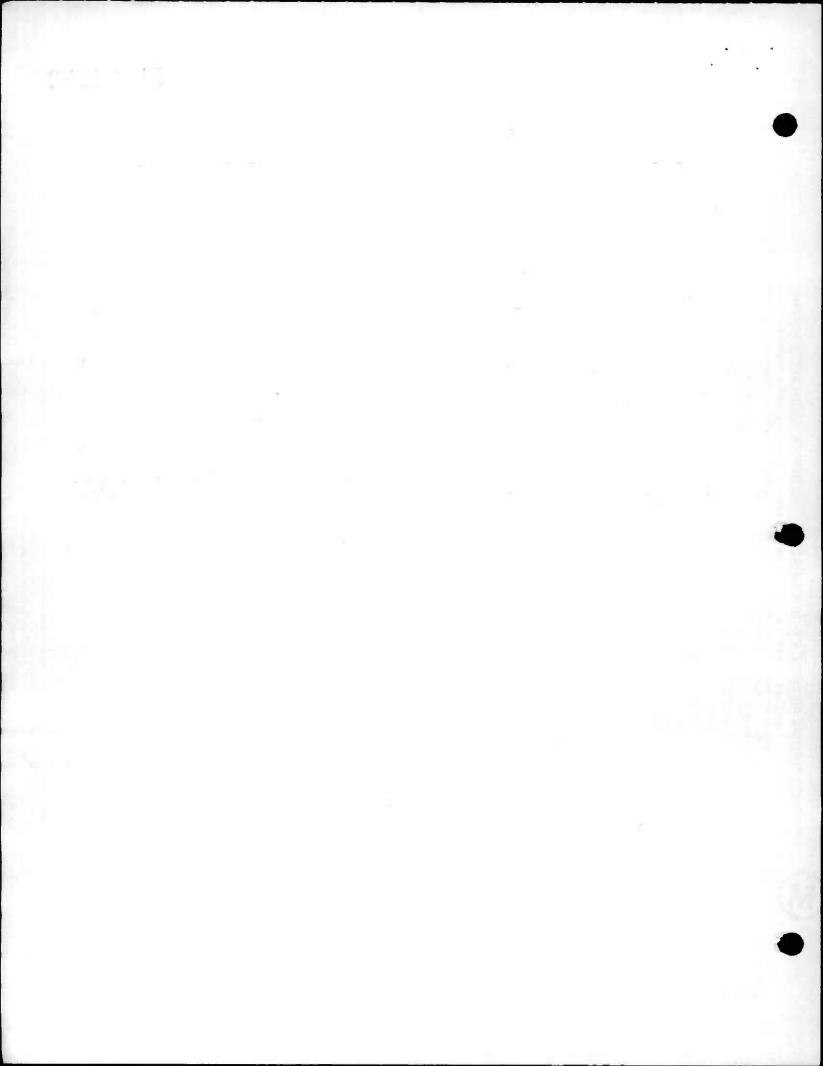
FOR 1 - STATE REGISTRAR	STATE OF MAR	CERTIFIC	ATE OF DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last	bant	J ames			ATE OF DEATH	Š	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 229 12 1420	5. SEX 6. A		F UNDER 1 YEAR IF UNDER 24 INTHS DAYS HOURS	WIN. (M	TE OF BIRTH lonth, Day, Year)		BIRTHPLACE (State or Foreign Country) Virginia
9a. FACILITY NAME (If not Institution, give Loch Raven VA M			BALTIMORE	OF OEATH		9c. COUNTY	OF PEATH
10a. STATE 10b. COUN	-	10c. CITY, T	OWN OR LOCATION				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER		Bar	timore 101. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
2229 St. Paul  11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS OECEDENT EV FORCES? 11 11 IF YES, GIVE WAR O	YES 2 NO	212  13. WAS DECENDENT OF If yee, specify Cuban, 1 YES 2 X	IISPANIC ORI		U .	S. A. RACE — American Indian, Black, White, etc. Specify:
15. DECEDENT'S ED (Specify only highest grad Elementary/Segondary (0-12)		18a. DECEDENT'S US	UAL OCCUPATION k done during most of working etired.)		16b. KIND OF BUS	SINESS/INOUS	White
б	College (1-4 or 5+)	Reti			Contra		
17. FATHER'S NAME (First, Middle, Last) Gilbert E. Tw	reedy		An	nie	Pillow	. Twe	edy
	ILLIAMS	8990 Be	cton Rd. Gl	en All	len, Va.	. 2306	60
20a. METHOD OF DISPOSITION  1 Separation 2 Cremation 3 Separation 5 Other (Specify)	moval from State	other place)	ION (Name of cometery, cremet	Chu	irch		or Town, State
		Dilar Oil	<u>United Met</u>			TOOKI	iodi, va.
21. SIGNATURE OF FUNERAL SERVICE I	Walls	-	Henderson	Fune	ral Ho	) me	0.0. Box 390 Brookneal,
21. SIGNATURE OF FUNERAL SERVICE I	complications that cause of	used the death. Do not	Henderson	Fune	ral Ho	) me	0.0. Box 390 Brookneal,
21. SIGNATURE OF FUNERAL SERVICE I	a. Due To (or Due To (or c.	used the death. Do not on each line.	Henderson	Fune	ral Ho	) me	P.O. Box 390 Brookneal, Approximate24
23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OR DUE TO (OR d.	AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):	22. NAME AND ADDRESS Henderson enter the mode of dying	Fune J, such as o	eral Ho	P me iratory arrest	P.O. Box 390 Brookneal, Approximate24
23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	a. DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR  DUE TO (OR	AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  as a CONSEQUENCE OF):	22. NAME AND ADDRESS Henderson enter the mode of dying  O S Country  the underlying cause give	FUNE  J. such as of	eral Hocardiac or respi	P me iratory arrest	2.0. Box 390 Brookneal, Approximate24 Interval Between Onset and Deeth Onset and Deeth  24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other algnificant conditions and in the conditions is set to be a sequentially in the condition of the conditions in the conditions in the conditions is set to be a sequentially in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the conditions in the condit	complications that cause of the complications are contributing to deal to contributing to deal to contributing to deal to contributing to deal to contributing to deal to contributing to deal to contributing to deal to contributing to deal to contributing to deal to contributing to deal to contributing to deal to contributing to deal to contributing to deal to contributing to deal to contributing to deal to contributing to deal to contributing to deal to contributing to deal to contributing to deal to contributing to deal to contributing to deal to contributing to deal to contributing to deal to contributing to deal to contributing to deal to contributing to deal to contributing to deal to contributing to deal to contributing to deal to contributing to deal to contributing to deal to contributing to deal to contributing to deal to contributing to deal to contributing to deal to contributing to deal to contributing to deal to contributing to contributing to deal to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing to contributing	AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):  Oth but not resulting in  Outpetient 3 □ DOA 4  URY 28b. TIME C	22. NAME AND ADDRESS Henderson enter the mode of dying  One of the mode of dying  the underlying cause give  26. PLACE OF DEA  THER:  Nursing Home 5   Reel  PE   26. INJURY AT	Fune  I, such as of  Formal I  TH (Check only  Sence 6 0	cardiac or respi	DIM C Instory arrest	2.0. Box 390 Brookneal, Approximate24 Interval Between Onset and Deeth  24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
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Do not on each line.  As a consequence of:  As a consequence of:  As a consequence of:  As a consequence of:  As a consequence of:  Outperfient 3 □ DOA 4  USTY 28b. TIME (Specify)  Knowledge, death occurred	22. NAME AND ADDRESS Henderson enter the mode of dying  Caraly  the underlying cause give  26. PLACE OF DEA  OTHER:   Nursing Home \$   Resi  OF   28c. INJURY AT  WORK?   1   YES 2     set, factory, office	FUNE  I, such as of  Formal of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the c	Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Describe How in Course (Specify)  Descri	I AUTOPSY RMED?  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WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATHY 1 YES 2 NO



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	TAL	RAL	2
	dSO.	UNE	delhin

	1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTMENT CERTIFICATE		MENTAL HYGIENE REG. NO.	91 25842
	1. DECEDENT'S NAME (First. Middle, Last) ARNOLD MAI				2. DATE OF DEATH DAY	YEAR 4.35 P. M
	4. SOCIAL SECURITY NUMBER 236-03-6595	1 00M 2 🗆 F	74 YRS. FUNDER 1	DAYS HOURS MIN,	7. DATE OF BIRTH (Month Day VIII) 09-12-1917	8. BIRTNPLACE (State or Foreign Country) W. Virginia
стоя	90. FACILITY NAME (If not institution, gir- Francis Scutt Ke RESIDENCE OF DECEDENT			town or Location of DE Ltimore City		OUNTY OF DEATH
DIREC	10e. STATF 10b. COUNT	r ltimore	10c. CITY, TOWN OF			10d. INSIDE CITY LIMITS? 1
FUNERAL	100. STREET AND NUMBER 7946 North Bound	ary Road		101. ZIP COOE, 21222	10g. (	CITIZEN OF WHAT COUNTRY?  USA
₽¥	11. MARITAL STATUS  1.XXNever Married 2  Married  3  Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 X YES IF YES, GIVE WAR OR DATE WWIT - Navy	2 NO #	AS DECENDENT OF NISPAN yes, specify Cuban, Mexica YES 2 X NO Specify		- 14. RACE — American Indian, Black, White, etc. Specta
PLETED	15. OECEDENT'S EDI (Specily only highest grad Elementary/Secondery (0-12) 10th Grade	JCATION 19 completed) College (1-4 or 5+)	Ba. DECEDENT'S USUAL OC (Give kind of work done of life. Do NOT use retired.)	ring most of working	18b. KIND OF BUSINESS/	
at once.	17. FATHER'S NAME (First, Middle, Last)		Electricia	18. MOTHER'S NA	ME (First, Middle, Maiden Surname	n Steel Corp.
TO BE	James Roy Kemphs	140		(Street and Number or Rural I	Maine Route Number, City or Town, State,	
2	Karen Lee Portme  20a. METHOD OF DISPOSITION  1 Disposition 3 - Ref	20b. P	LACE OF DISPOSITION (Ner	ne of cemetery, crematory or	timore MD 2	I — City or Town, State
examiner must	4 Donation 5 Other (Specify)	1		AME AND ADDRESS OF FA	CILITY	r, West Virginia
75 1	23. PART I. Enter the diseases, or	Notable	79	122 Wise Ave	enue. Baltimor	Dundalk, Inc. re. MD 21222
event, the medical	ahock, or haert fallure IMMEDIATE CAUSE (Fine) disease or condition resulting in death)	. List only one cause on aac	Cerebral			Approximate interval Between Onset and Dath
injury, or other traumatic evaluation.  AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	bDUE TO (OR AS A C				
를 2	PART II. Other significent condition	ns contributing to death but	not reaulting in the unc	terlying cause given in	Part i. 24e. WAS AN AUTOP PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
shows any ir					1 _ YES 2 _ NO	COMPLETION OF CAUSE
I, or item 23 shows an HYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1  YES 2 NO	HOSPITAL:	OTHER			
s marked, or BY PHYS	27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigation	1 Ninpatient 2 ER/Outpati	28b. TIME OF INJURY M	ng Nome 5 Realdence 28c. INJURY AT WORK? 1 YES 2 NO	8 Other (Specify)  28d. DESCRIBE HOW INJURY  Cound nud	occured the defermin
28 is	3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify	Bry Stor	ry, office	281. LOCATION (Street and Nun City or Town, State)	nber or Rural Route Number,
클립	one) 2 MEDICAL EXAMIN					stated. to the cause(s) and manner as stated.
IMPORTANT: I TO BE CON	// 0	1,10		D 38	WBER 29d. 1 38 ≥ ►	DATE SIGNED (Mgnth, Day, Year)
	30. NAME AND ADDRESS OF PERSON W	OLIVI , n. 3 4	940 FASTIN	vave 8	AUO UUU	· · · · · · · · · · · · · · · · · · ·
	31. DATE FILED (Month, Dey, Year) SEP 2 3 1991	32 REGISTRAP'S SIGNAT	Andell.			

541



1. DECEDENT'S N: 5 (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

Brian

5. SEX

Anthony

6. AGE (In yrs. last birthday)

1 - STATE REGISTRAR

3. TIME OF DEATH 5.33A m

REG. NO

2 DATE OF DEATH

7. DATE OF BIRTH

requires that the death certificate be executed within 13146, P.0. ON OF VITAL RECORDS, JUTTALING PHYSICIAN: The law

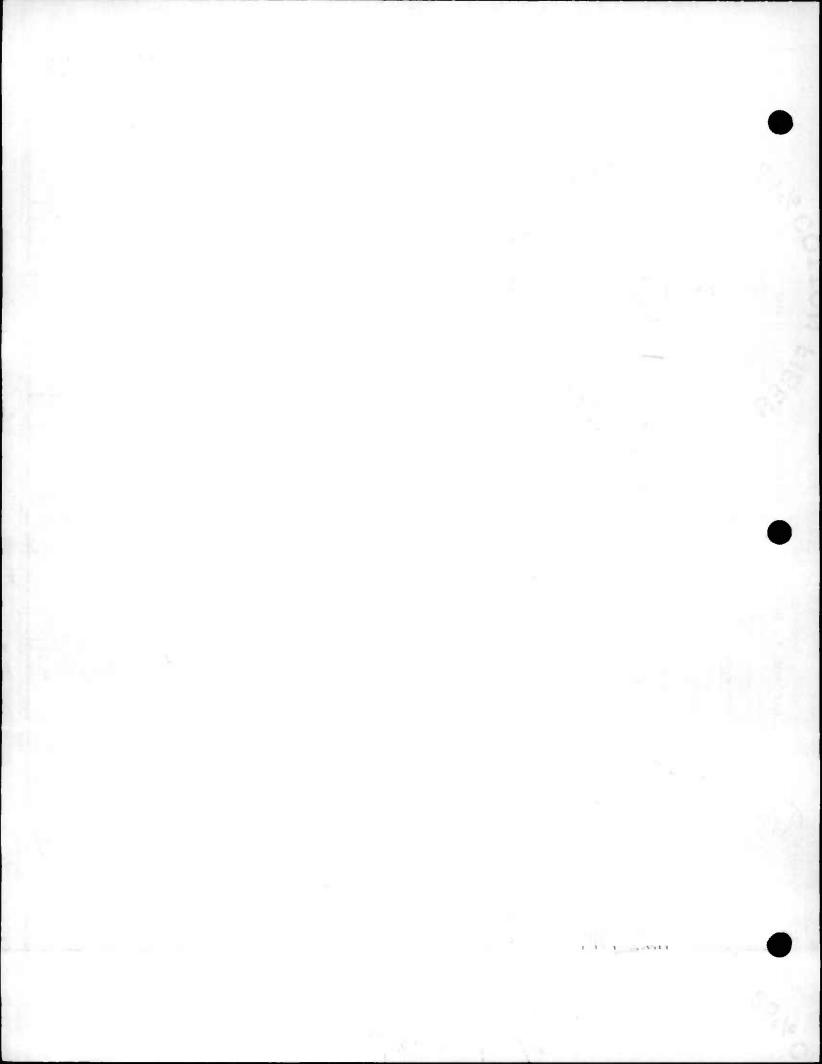
 BIRTHPLACE (State or Foreign Country) DAYS MONTHS HOURS 215-04-1305 1 1 M 2 | F YRS. Md 9a. FACILITY NAME (If not institution, 9b. CITY, TOWN OR LOCATION OF OFATN 9c COUNTY OF DEATH Ball Wash 01 bellow cel DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Harford 1 YES 2 NO BelAir 104 STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 101, ZIP CODE 203 Northview Road 21015 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES X 11 MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Maxicen, Puarto Rican, etc.) 14. RACE — American Indian, Bleck, White, etc. 1 Never Merried 2 Married
3 Widowed 4 Divorced 1 TES 2 NO Specify: Wirite B COMPLETED 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe st of working Elementary/Secondary (0-12) 4- 5 Student 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) Alexander V. Kurian te Celestine Preller notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Alexander V. Kurian 203 Northview Road BelAir 21015 Md must be 20e. METHOD OF DISPOSITION
1X Burlel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 20c. LOCATION - City or Town, State VALLEY CEMETE Sept. 25. 1991 22. NAME AND ADDRESS OF FACILITY TIMONIUM, MARYLAND Baltimore Md Holy Redeemer 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES adden Leonard J. Ruck Inc. 5305 Harford Road 21214 James filled in by the fution, or removal. medicai 23. PART/1. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such se cerdiec or respiratory errest, Approximate shock, or haart fallure. Liet only one cause on each lina. interval Between i completely filled in irlal, cremation, or r Onset and Death IMMEDIATE CAUSE (Finsi the Taralised (1) disease or condition applan resulting in death) traumatic event, n and con to burial, CERTIFICATION Sequantially list conditions, if any, leading to immediate the attending physician Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disesse or injury other 1 that initiated events resulting in death) LAST 6 injury, PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS MEDICAL been signed by the pt. of Health and M S shows any inju AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: certificate has been the State Dept. of the Man 23 sl 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATN (Check only one, HOSPITAL:
1 ☑ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA OTHER: 1 | YES 2 | AO ng Nome 5 Residence 6 C Other (Specify) 26e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH marked, 26b. TIME OF 28c. INJURY AT WORK? 28d DESCRIBE HOW INJURY OCCURED with 1 1 Natural 5 Pending 1 YES 2 NO After t 3 Investigation 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) L DIRECTOR: A hours after di item 28 is 80 Gould not be COMPLETED 4 Nomicide 29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. FUNERAL C HOSPITA -TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data end place, and due to the ceuse(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 82 2 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32. REGISTRAR'S SIGNATURE

CERTIFICATE OF DEATH

JE UNDER 1 YEAR

IF LINDER 24 HRS

Kurian



TO BE COMPLETED BY FUNERAL DIRECTOR

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within as rous after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

SEP 2 3 1991

91 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICA	ATE OF	DEATH	REG. NO.	<u> </u>
011001100	Willard	Knopp			2. DATE OF DEATH DAY	GYEAR 3. TIME OF DEATH PM
	SEX 8. AGE (III  ▼ M 2 □ F 48	yrs. last birthday) IF t	THE DAYS	HOURS MIN.	NOV. 12,194	s. BIRTHPLACE (State or Foreign Country) 2 Maryland
90. FACILITY NAME (If not justifution, give street Fallston General RESIDENCE OF DECEMENT	thospital	9b.	- 1	LOCATION OF OEAT	TH 9c. CC	arturd
10s. STATE 10b. COUNTY Maryland Harfo	rd	10c. CITY, TO 2036	wn or Locati Eden	on Mill Rd	.,Pylesvill	10d. INSIDE CITY LIMITS? 1  YES 2 NO
100. STREET AND NUMBER 2036 Eden Mill	Rd.		10f.	ZIP CODE 21132		TIZEN OF WHAT COUNTRY?
11. MARITAL STATUS	E. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2X NO	If yes, spe	ENDENT OF HISPANIC city Cuben, Mexicen, 2 NO Specify:	ORIGIN? (Specify Yes or No- Puerto Ricen, etc.)	Specify: European
15. DECEOENT'S EOUCATI		16a. DECEDENT'S USU	AL OCCUPATIO	N .	16b. KIND OF BUSINESS/	(White)
(Specify only highest grade com Elementary/Secondary (0-12)  1 2	College (1-4 or 5+)	(Give kind of work of the Do NOT use ret	ired.)		County I	Highways
17. FATHER'S NAME (First, Middle, Last)					E (First, Middle, Malden Surname	,
Lero y Daniel  196. INFORMANT'S NAME (Type/Print)	Knopp	105 MAII ING AGG	DECC (Obs.)		lizabeth ((	
Margaret M. Kno	рр				., Pylesvi	
20s. METHOD OF DISPOSITION  1- Surisi 2 Cremetion 3 Removal  4 Donetion 5 Other (Specify)	1 from State St	place of disposition other place) Paul's			em. Pyle	- City or Town, State SVille, MD
21. SIONATURE OF FUNERAL SERVICE LICENS	J. Jan	hour	J.J.		stein Mort n, Pennsyl	
23. PART I. Enter the diseases, or com shock, or heart failure. Lief IMMEDIATE CAUSE (Finel disease or condition resulting in death)	t only one cause on ea	the death. Do not and line.  CONSEQUENCE OF):	Sty	da of dying, such	as cardiac or respiratory	Approximats interval Between Onset and Death
Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  b. PYCHYSS V ANY END WITH STORY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF						
PART II. Other significant conditions of	scler ot	ut not resulting in the	ne undarlying	couss given in P	art I. 24a. WAS AN AUTOP: PERFORMED? 1 YES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	IQSPITAL:		THER:	ACE OF DEATH (Chec		
1 VES 2 10			Numing Hom	e 5   Residence A	Other (Specify)	
27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJ	URY AT	28d. DESCRIBE HOW INJURY	OCCUREO
27. MANNER OF DEATH 27. Matural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	M 1 1	URY AT RK? 'ES 2 NO		
27. MANNER OF DEATH Natural 5 Pending	28s. DATE OF INJURY	28b. TIME OF INJURY	M 1 1	URY AT RK? 'ES 2 NO	28d. DESCRIBE HOW INJURY 28f. LOCATION (Street and Num City or Town, State)	
27. MANNER OF DEATH    Netural   5   Pending	28e, DATE OF INJURY (Month, Day, Year)  28e, PLACE OF INJURY building, atc. (Spec	28b. TIME OI INJURY  — At home, farm, stree	28c. INJ WO 1 1	URY AT RK? /ES 2 NO	28f. LOCATION (Street and Num City or Town, State)	iber or Rural Route Number,
27. MANNER OF DEATH    Netural   5   Pending	28s. DATE OF INJURY (Month, Day, Year)  28s. PLACE OF INJURY building, etc. (Special Control of the basis of sxamination)  AN: To the basis of sxamination		28c. INJ WO 1 1 N tt, factory, office	URY AT RK? /ES 2 NO	28f. LOCATION (Street and Num City or Town, State) o the cause(s) and menner as me, data and place, and dus 1	iber or Rural Route Number,

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	st, Middle, Last)			ERTIFI				REG. NO.  2. DATE OF OEATH MONTH CV	W.	YEAR	3. TIME OF DEATH
		Thomas	Edwin	Kc	lodzie	j		Sept. 17	, 199	1	a.MM
4. SOCIAL SECURITY NUM 218-46-916		5. SEX 1 💢 M 2 🗌 F	6. AGE (in yrs. la	-	IF UNDER 1 YEAR MONTHS DAYS		24 HRS. MIN.	7. DATE OF BIRTH (Month, Pay, Veer) March 6, 1	947	e. BIRTH Counti Ba	Itimore, Md.
90. FACILITY NAME (If not		street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF D								TY OF D	EATH
738 High										d	
IOa. STATE	10b. COUNTY 10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?				
Maryland	501 1111							1 TES 2 NO			
10e. STREET AND NUMBER						10f. ZIP COD	E		10g. CITIZ	EN OF Y	WHAT COUNTRY?
738 High	Plain	UTIVE	IT EVED IN II S. A.	DMED	12 WMS D	ECENDENT (		1014 NIC ORIGIN? (Specify Yes		S.A	E — American Indien,
1 Never Married 2		FORCES?	MAR OR DATES	40	If yes,		n, Mexice	n, Puerto Ricen, etc.)	or No-	Blac	k, White, stc.
3 Widowed 4 Div	rorced				1	т д но	Ороси			орос	white
	CEDENT'S EDU		16a. D	ECEDENT'S U	Ork done during in retired.)	TION most of worki	ng	16b. KIND OF BU	SINESS/INDU	JSTRY	
Elementary/Secondary	(0-12)	College (1-4 or 5	+)					Plook	Drug	Co	
12 VIS.  17. FATHER'S NAME (First,	Middle, Last)	4 VIS.			lanagem	Y	HER'S NA	Block  ME (First, Middle, Melden		CU.	
		Walter	Kolo	dziej				ances	Kozak	<	
19e, INFORMANT'S NAME	(Type/Print)		1:					Route Number, City or Tow		,	
Mrs. Jear		N. Kolod						el Air, Md.			
20e. METHOD OF DISPOS	lon 3 🗆 Rem	noval from State	20b. PLACE other p	OF OISPOS	TION (Name of	cemetery, cree	netory or	2-20-1991	CATION - C	ity or To	own, Btate
4 Donation 5 Oth		CENSEF	_	50.	Stanis.	AND ADDRE	SS OF F		Balti		
► B, F.	1	7			1000 5000			Rd. Kings			uneral Home 21087
iMMEDIATE CAUSE (F disease or condition resulting in deeth)		a. DUE TO	STYCI (			NU	CA	RCINO	mA		interval Batween Oneet and Death 345.2mo
Sequentially list cond	ediata	C	O (OR AS A CONSI								
cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in deeth) LA	Jury	d.									<u> </u>
cause. Enter UNDERL CAUSE (Disease or in that initiated events	Jury	d	o deeth but not	resulting i	n the underly	ring cause	given in	1 Part I. 24s. WAS AN PERFO	RMED?	24	b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH 1  YES 2 NO
cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in deeth) LA PART II. Other aignific	ST Cant condition	d	o daeth but not	resulting i	26.			PERFO	RMED?	241	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in deeth) LA PART II. Other algniffe	ST Cant condition	d	o deeth but not		26. OTHER:	PLACE OF I	DEATH (C	PERFO	RMED?	241	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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cause. Enter UNDERL CAUSE (Disease or in that initiated events reaulting in deeth) LA  PART II. Other aignific  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Accident 3 Suicide 8 4 Homicide  29e. CERTIFIER CHOCK only  CE	TO MEDICAL  Pending Investigation Could not be determined	HOSPITAL: 1   Inpatient 2 28a. DATE 0 (Month, 28b. PLACE building	ER/Outpetient  F INJURY Day, Year)  OF INJURY — At It is, etc. (Specify)	3 DOA 28b. TIMININATION OF FARM, a	26. OTHER: 4   Nursing H E OF 28c. DRY M 1 [ treet, factory, or	PLACE OF I	DEATH (C)	PERFO  1 YES:  beck only one)  6 Other (Specify)  28d. DESCRIBE HOW  28l. LOCATION (Street City or Town, State)  e to the cause(e) end me	INJURY OCC	or Rural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 □ YES 2 № NÓ
Cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in deeth) LA  PART II. Other aignifications are selected in the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the cont	TO MEDICAL  Pending investigation  Could not be determined  RTIFYING PHYS	HOSPITAL: 1   Inpetion 2 26e. DATE 0 (Month, 26e. PLACE building	ER/Outpetient  F INJURY Day, Year)  OF INJURY — At It is, etc. (Specify)	3 DOA 28b. TIMININATION OF FARM, a	26. OTHER: 4   Nursing H E OF 28c. DRY M 1 [ treet, factory, or	PLACE OF I	DEATH (C)	PERFO  1 YES:  heck only one)  6 Other (Specify)  28d. DESCRIBE HOW  28l. LOCATION (Street City or Town, State)  e to the cause(e) end may be time, date end place, e	INJURY OCC	or Rural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NÓ  Route Number,
CAUSE. (Disease or in that initiated events resulting in deeth) LA  PART II. Other aignifications are selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as a selected as	TO MEDICAL  Pending Investigation Could not be determined  ACTIFYING PHYSICICAL EXAMINATE OF CERTIFIE	HOSPITAL: 1   Inpetient 2 28e. DATE 0 (Month, 28e. PLACE building	ER/Outpatient F INJURY Doy, Yeer)  OF INJURY — At It I, etc. (Specify) of my knowledge, of examination end/or	3 DOA 28b. TIMM tome, farm, a	26. OTHER: 4   Nursing H EDF   28c. URY M   1   treet, factory, or d at the time, d	PLACE OF I	DEATH (C) eeldence NO no no no no no no no no no no no no no	PERFO  1 YES:  heck only one)  6 Other (Specify)  28d. DESCRIBE HOW  28l. LOCATION (Street City or Town, State)  e to the cause(e) end may be time, date end place, e	INJURY OCC	or Rural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,

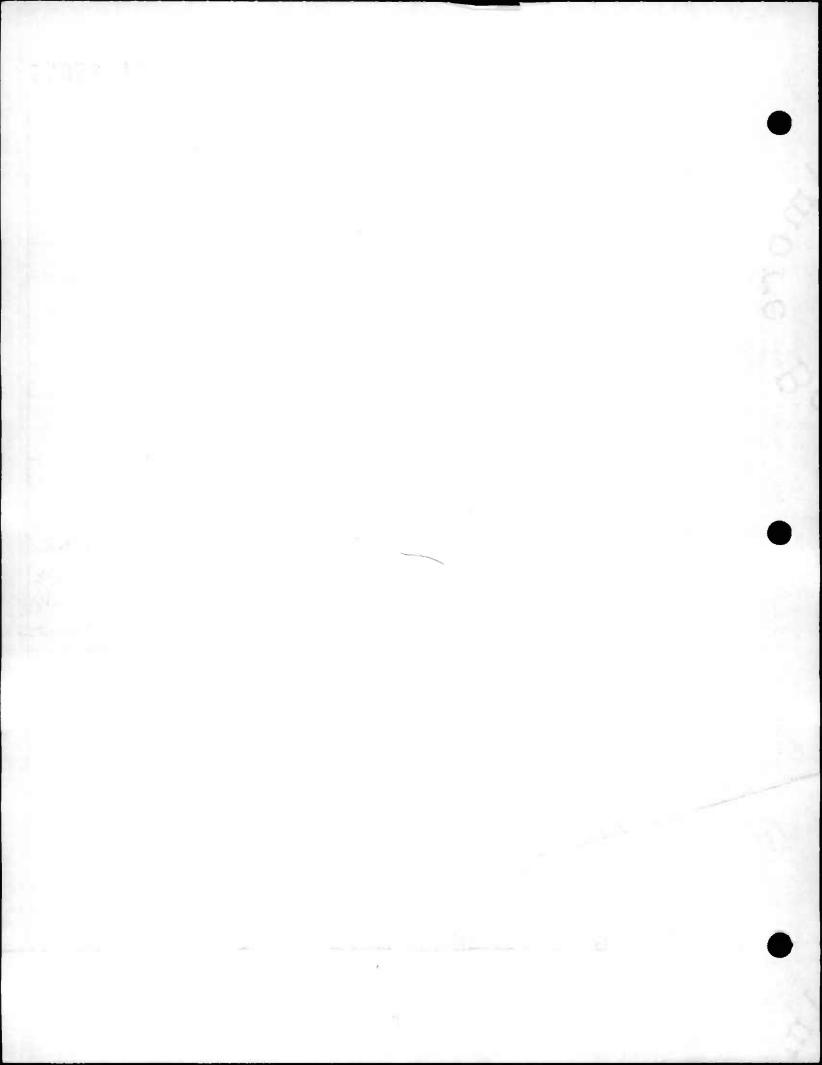
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

MITERIONG PHYSICIAN: The law requires that the death certificate be executed within 2. Hours after death. Page 6 may be retained by the hospital or attending physician.	inscriment ther this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should	Just after each with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	sm 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HISPIRIL OF ATTENDING PHYSIC	TO THE RUNGHAL DIRECTOR After this co	be filed within 72 hours after death with I	IMPORTANT: If Item 28 is marked,	

	FOR	STATE OF MA	RYLAND / DEPA	RTMENT OF H	EALTH AND N	MENTAL HYGIEN		)	25846
	- REGISTRAR		CERTI	FICATE OF	DEATH	REG. NO			
į	1. DECEDENT'S NAME (First, Middle, I					2. DATE OF DEATH MONTH D	AY YE	AR 3. TI	ME OF DEATH
		FRANCIS (FR	ANK) J. L	<u>.OUGHREY</u>		SEPTEMBER	20.19		5.45 a.mw
	4. SOCIAL SECURITY NUMBER	7 (2)	AGE (In yrs. last birthday	MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6. E	BIRTHPLACI	E (State or Foreign
1	222-42-6779	1 🕅 M 2 🗆 F	36 YRS.	MONTHS DAYS	HOUNS MIN.	10/15/54	1	Delaw	are
	9e. FACILITY NAME (If not institution,	give street and number)		9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY		
TOR	THE JOHNS HOPKI			BALTIMO	RE CITY		BALTI	MORE	CITY
FUNERAL DIRECTOR	10e. STATE 10b. CC		10e. C	ity, town on local Mark					INSIDE CITY LIMITS? YES 2 NO
RAL	100. STREET AND NUMBER 770 S.W. 551	th Ave.			33068		U.S.		COUNTRY?
ŽΙ	11. MARITAL STATUS	12. WAS DECEDENT 8	VER IN U.S. ARMED	13. WAS DEC		IIC ORIGIN? (Specify Ye			mericen Indien,
À	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 [	YES 2 XNO	If yes, sp		n, Puerto Rican, atc.)		Black, Whit Specify:	
COMPLETED	15. DECEDENT'S (Specify only highest		18a. DECEOENT	'S USUAL OCCUPATI of work done during me use retired.)	ON ost of working	16b, KIND OF BU	SINESS/INDUST	PRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)						1.0	
<u>₽</u>	12 yr's		Electr	1Clan			E.W. Lo	cal3	13
ខ្ល	17. FATHER'S NAME (First, Middle, Las				CATANA DECINE	ME (First, Middle, Maiden	Sumeme)		
BE	Thomas	J. Lo	ughrey		Anto	inette	L	. •	Monaco
2	19e. INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADDRESS (Street	and Number or Rural I	Route Number, City or Tox	vn, State, Zip Coo	de)	
۱ ۲	Mrs. Wanda Le	ee Loughrey	Sa	me as #10	)				
	20e. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 C	Removel from State	20b. PLACE OF OISI other place)	POSITION (Name of ce	metery, crematory or	20c. LC	CATION - City	or Town, S	itato
	4 Donetion 5 Other (Specify)	)		All Saint	s 9/24	/91 Wi	lmingto	on, DE	
	21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE Paul L	Hartsock,	22. NAME A	NO ADORESS OF FA	CILITY Balt	imore,	MD	21214
	Faul L &	Cartock &	5	Le	onard J.	Ruck, Inc.	5305	Harf	ord Rd
	23. PART I. Enter the diseases ahock, or heart fal IMMEDIATE CAUSE (Final	llure. List only one taus	on each line.					•	Approximate Interval Between Onset and Death
H	disease or condition resulting in death)	a. CM\	Pheur	nonitie	Cyto	medojania	27		4wks
NO	Sequentially list conditions,	Juentially list conditions, Due to (or as a consciuence of)						4 months	
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	80	he Marr	PU) Tr	ansplan	1 T			4moutes
은	CAUSE (Disease or injury that initiated events	C. DUE TO (C	HE MOTY	OF):	Ter By tot		-	-	1110000
	resulting in death) LAST	CV	monic	Myeloge	nous	Leuken	100		9 mouth
2	1			- 4					
A	PART II. Other algnificant con					Part I. 24a. WAS A PERFO	N AUTOPSY PRMED?	AMA	LABLE PRIDE TO
PHYSICIAN: MEDICAL	AMMEN	ymia au	d Hypo	tensio	n	1 YES	2 🗌 NO		IPLETION OF CAUSE DEATH?
						_ Pen	dire	1 [	YES 2 NO
-							ding		
¥	25. WAS CASE REFERRED TO MEDI			28. 1	PLACE OF OEATH (C/	heck only one)			
S	EXAMINER?	HOSPITAL:	ER/Outpetient 3 DO	OTHER:	me 5   Residence	8 Other (Specify)			
H	27. MANNER OF GEATH	28a. DATE OF II	NJURY 28b.	TIME OF 28c. IP	JURY AT	28d. DESCRIBE HOW	INJURY OCCUI	RED	
	1- Natural 5 Pending				YES 2 NO		- N	S/A	
BY	2 Accident	28e. PLACE OF	INJURY — At home, far	m, street, factory, off	ce	281. LOCATION (Street		Rural Route	Number,
	4 Homicide determi		tc. (Specify)	A		City or Town, Steff	" N/	A	
E	29e. CERTIFIER	SUVERCIAN: To the best of	ny kaomindra desth est		a least alone and Ali	and the second of the second			
COMPLETED	(Check only	PHYSICIAN: To the best of n (AMINER: On the basis of exa							d menner as stated.
	29b. SIGNATURE AND TITLE OF CE	RTIFIER			29c. LICENSE NU	IMBER	29d. DATE S	IGNEO (Mo	nth, Day, Year)
TO BE	N.I	Punjabi	4.D.				<b>&gt;</b>		77 57
F	N. P. Wald	ON WHO COMPLETED CAUSE			Pall	hmore	MD.	Cta	hus Hopl
	14.101.900	1 1111	N M.MO	LIC ST.	M	MACON	17/	170	WAC 1100

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HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 nours after death, Page 6 mis	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,	WINNEY 2 NOUNS ARE GRANN WITH THE STATE DEPT. OF HEARTH AND MEMBER PROF TO DUTIAL, CREMATION, OF REMOVAL,	TANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must
SPI	ER .		블
오	F	1	Z

Item 28c, per MEO, 6-692, 10/20/92 gn FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 18 ROLAND John 09 1991 LONG 2:15P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 217-92-2791 1 M 2 D F YRS. Md. 02 01 Se. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR FRANCIS SCOTT KEY BALTIMORE CITY RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md. Baltimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3237 Elliott Street U.S.A. 21224 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specily Yee or No-If yes, specify Cuben, Maxicon, Puerto Rican, etc.) 14. RACE — American Indien, Black, While, etc. FORCES? 1 YES 2 1 Never Married 2 Merried BY Specify: White 1 YES NO Specify 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co Elementary/Secondary (0-12) College (1-4 or 5+) Manager Hardware 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sur Frank Long Jacqueline White BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Frank Long 1756 Melbourne Rd. Dundalk. 20a. METHOD OF DISPOSITION
1 Description 2 Cremetion 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State ery, comatory of other Brooklyn Park, Md. (emetery 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Charles S. Zeiler & Son Inc. harl onkling St. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onsat and Death disease or condition resulting in death) tro cuts DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE NO ES 2 NO YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | AR/Outpatient 3 | DOA OTHER: se 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 26c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 18 19911:45P M 1 Natural 5 Pending Investigation YES YES SUBJECT ELECTROCUTED ВУ 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, farm, street, lactory, office 281. LOCATION (Street and Number or Rural Route Number, COMPLETED 6 Could not be O DONNELL STREET 4 Homicide 3230 BALTIMORE CITY 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as stated. X2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) and menner as stated. 29b, SIGNATURE AND TITLE OF GERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIONED (Month. Day, Year) 10) OCME ▶09 19 1991 2 NESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 PENN STREET BALTIMORE, MARYLAND 21201 32. REGISTRAR'S SIGNATURE Mie Davidson-Randelle



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FOR STATE REGISTRAR

\$EP 2 3 1991

1. DECEDENT'S NAME (First, Middle, Last)

		1. DECEDENT'S NAME (First, Middle, Las	st)							2. DAT	E OF DEATH			3. TIME OF DEATN	
		Colay JAN	IES N	1AJOR	, SR	•					ptembe	n 21	1991	2:15 A	1
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1		IF UNDER		7 DAT	E OF BIRTH		8. BIRTI	PLACE (State or Foreign	)
2		220 20 6746	1 M 2 F	62	YRS.	MONTHS	DAYS	HOURS	MIN.	8/	5/29		Count	MD.	
oc spor		Se. FACILITY NAME (If not institution, give		Y, TOWN OR LOCATION OF DEATN				9c. COUNTY OF DEATN							
LAND 21215-0020 The hospital or attending physician. Interhospital or use as the burlat-transit permit. Pages 1, 2, 3 should since. COMPLETED BY FUNERAL DIRECTOR	Franklin Squa		Rosedale					Ba	ltin	nore					
	10a. STATE 10b. COU	Y, TOWN OR							10d. INSIDE CITY	_					
	Balt	ners	ners Station							LIMITS?					
	A P	10e. STREET AND NUMBER	10f. ZIP CODE						1 YES 2 NO			_			
	E	400 N. Avonda		21222					USA						
	11. MARITAL STATUS	12. WAS DECEDED	NT EVER IN U.S.	ARMED	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuben, Maxican, Puarto Blean, etc.)					IN? (Specify Yes	fee or No. 14. RACE — American Indian,			-	
	1 Never Merried 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE	MAR OR DATES		If yes, specify Cuben, Maxican, Puarto Rican, stc.)  1  YES 2  NO Specify:					Specify: BLACK					
	15. DECEDENT'S El (Specify only highest gra	DECEDENT'S	ENT'S USUAL OCCUPATION 18b. KIND OF BUSI												
	Elementary/Secondary (0-12)	ork done during most of working a retired.)													
Nospit ached	e E	12			Cran	e Ope	era	tor			Beth1	ehem	St	eel	
N		17. FATHER'S NAME (First, Middle, Last)									Middle, Maiden				
LOWER BY		Samuel Major  19a. INFORMANT'S NAME (Type/Print)			401 444 1141						Posse	4			_
2 H G	TO B	Cynthia L. Ma	ior								mber, City or Tow Balto			21222	
RE,	200	20a. METNOD OF DISPOSITION		20h P1 AC	EANDDATE		-		e nc	DA DA					_
ALTIMO bath. Page 6 funeral direct xaminer mu	E	1 XBuriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	movel from State	cemetery, e	rematory or of	her place)				1	4	CATION —		wn,stane Mills, M	7
	100	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1 Out	1150				S OF FAC		2/1	OWIII	ys i	MIIIS, M	u
	TEXA .	· James	h. MI	storo								s So			
after by the mosal.	odical	23. PART I. Enter the diseases, o	r complications the	it caused the	death Do a	ot enter th	170	I L	aure	ens	St. I	Balt	0.,	Md 2121	7
0 0 0	E	anock, or meant rengin	. List Dniy Dne ce	use on each li	ne.	or enter th	ie iliou	e Di dyii	ng, auch	aa ca	rolac or reapi	ratory an	reat,	Approximate interval Betwe	
- 1	e e	IMMEDIATE CAUSE (Fine) disease or condition  Metastatic Lung Cancer												Onaet and De	ath
executed within and completely o burial, cremati	event, the	resulting in death)  a. Metastatic Lung Cancer  DUE TO (OR AS A CONSEQUENCE OF):											_		
		Sequentially list conditions,  Respiratory Arrest  Due to (or as a consequence of):											į		
OX O	E   E	Sequentially list conditions, if any, leading to immediate													
BO cate be hysteian e prior	TIFICATION	cause, Enter UNDERLYING CAUSE (Disease or injury													
O. Dertific		that initiated events DUE TO (DR AS A CONSEDUENCE OF): resulting in deeth) LAST													
S, P.O. BOX e death certificate be the attending physician Mental Hygiene prior to	CERTIFICATION		d												
N 0 0 0 3	5   -	PART II. Other aignificant condition	ona contributing to	death but not	t reaulting i	n the unde	riying	cause g	iven in P	art i.	24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDING	38
O that											PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
PECC requires sen signe of Health	ME									_		X.110		OF DEATH?	
										_					
VITAL JAN: The law ritificate has lee State Depr	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				28. PLA	CE OF DE	ATN (Chec	k only o	ne)				_
F VITAL ISICIAN: The law certificate has but the State Dept.	YS!	1 TES 2 NO		ER/Outpatient	3 DOA	OTHER:	g Home	5 🗆 Res	ildence 8	□ Oth	er (Specify)				
PHYSICIAN: The law this certificate has the with the State Dept.	PHY	27. MANNER OF DEATN  1 Natural 5 Pending	28a. DATE OF (Month, D		28b. TIME INJU		Ic. INJU		:	28d. DE	SCRIBE NOW IN	JURY OCC	URED		
ON ON ON ON ON ON ON ON ON ON ON ON ON O	BY PI	2 Accident Investigation						S 2 🗌	NO						
ATTENDING ECTOR: After s after death	- G	3 Suicide 8 Could not b						, office 281. LOCATION (Street and Number of City or Town, Stete)			or Rural R	oute Number,			
DIVISION  DR ATTENDING F  DIRECTOR: After thours after death	el iui l	29a. CERTIFIER													
		(Check only	SICIAN: To the best of	my knowledge,	death occurre	d at the time	, date e	nd place,	and due to	o the ca	use(e) end men	ner as atat	ed.		
TO THE HOSPITAL TO THE FUNERAL Be filed within 72	8	2 MEDICAL EXAMI		xamination end/o	r Investigation	i, in my opin	lon, de	eth occure	d at the III	me, dat	and place, and	due to th	a cause(s)	and menner as stated,	
포 포 를 등	8 8	296. SIGNATURE AND TIPLE OF CERTIFI	ER O					29c. LICEP	NSE NUMB	BER		29d. DATE	SIGNED	(Month, Day, Year)	
223	0	30. NAME AND ADDRESS OF PERSON W	DI COMPI TOTO	DE 05 05				N/A					9-21	-91	
		Michael S	uter MD.	9000 Fr	anklin	Print) 1 Saus	are	Driv	/P 2	2123	37				
	1 4					. oqui	~ I C	01 11			· ·				

32. REGISTRAR'S SIGNATURE · Savidson-Randale

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT; it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DECEDENT'S NAME (First, Middle, Lest)     Anna Monfreda     Social Security Number			IFICATE (		REG. NO			
					2. DATE OF DEATH	AV	3. 1	TIME OF DEATN
A SOCIAL SECURITY HUMBER					MONTH 2	1	YE 9 1	R 17pm
4. SUCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest birtho		AR IF UNDER 24 HRS.	7. DATE OF BIRTHO/ (Month, Day, Year)	20/12 6	Country)	CE (State or Foreign
216-34-8431	1 M 2 F	79 YF	is.	TS HOURS MIN.	6-26-91	2 1	New ?	York
9e. FACILITY NAME (If not institution, give et			96. СІТУ, ТО	WN OR LOCATION OF D	EATN	9c. COUNT	Y OF DEATH	
CHURCH HOSPITA	AL CORPO	RATION	BA	ALTIMORE	CITY			
RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	,	100	CITY, TOWN OR L	OCATION			1 104	, INSIDE CITY
Maryland			Baltimo					LIMITS?
10s. STREET AND NUMBER			Dartime	101, ZIP CODE		T ton CITIZE		YES 2 NO
524 N. Potomac				21205	{	U.S	.A.	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yo	DECENDENT OF HISPA a, specify Cuben, Mexic YES 2 R NO Spec		s or No— 1	4. RACE — / Black, Wr SpWMh:	American Indien, lite, atc. ite
15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDE	NT'S USUAL OCCU	PATION	16b. KIND OF BU	SINESS/INDU	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do N	d of work done durin OT use retired.)	ig most or wonung				
5th		Sew	ing		Jos.	Banl	k Clo	thiers
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N	AME (First, Middle, Malden	Surname)		
Candido	Et	tore		Julia		Busco		
19e. INFORMANT'S NAME (Type/Print)		19b. MAI	LING ADDRESS (SI	reet end Number or Rura	Route Number, City or Tox	vn, State, Zip (	Code)	
Laura Campanell	.a	42	23 Gar	land Ave	nue Balto	. Md	. 21	236
20e. METNOD OF DISPOSITION  1 □ Burlel 2 □ Crymetton 3 □ Berno 4 □ Donetton 5 ♣ Other (Specify) □ □	ovel from State	20b. PLACE AND	DATE OF DISPOSI	TION (Name	DATE 20c. LC	CATION - C	ity or Town,	State
23. PART I. Enter the diseases or cashock, or heert injured shock, or heert injured in the shock, or heert injured in the shock, or heert injured injury in the shock, or heert injury that initiated events resulting in death) LAST	DUE TO (OF	A A A CONSEQUENT	Do not enter the	~40cAQI)	n Part I. 24e. WAS AI	PLTI	24b. WE	Approximate interval Between Onset and De
PART II. Other algnificant condition	TSQUAR	PEGIS			1 🗆 YES	2 € NO	OF	MLABLE PRIOR TO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				28. PLACE OF DEATH (1		2 1 NO	OF	MPLETION OF CAUSI DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 19 TES 2 10	HOP ITAL:	R/Outpatient 3 🗆 D	OTHER:	Home 5 - Residence	Check only one)		0F	MPLETION OF CAUS DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 9 VES 2 100  27. MANNER OF DEATN		R/Outpatient 3 D	OTHER: OA 4   Nursing D. TIME OF INJURY 28	Home 5 Residence c. INJURY AT WORK?	Sheck only one)		0F	MPLETION OF CAUS DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 19 TES 2 10	HOFITAL: 1 Inpattent 2 E 28a. DATE OF IN. (Month, Day,	R/Outpatient 3 D D JURY 28t	OTHER: OA 4   Nursing INJURY   28	Home 5 Residence c. INJURY AT WORK?  U YES 2 NO	Check only one)  6  Other (Specify)  26d. DESCRIBE HOW	INJURY OCCI	OF 1 [	MLABLE PRIOR TO MPLETION OF CAUS DEATH?  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 ST ES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending	HOFITAL: 1 Inpattent 2 E 28a. DATE OF IN. (Month, Day,	R/Outpetlent 3 □ D 3URY 28t Veer) 28t	OTHER: OA 4   Nursing INJURY   28	Home 5 Residence c. INJURY AT WORK?  U YES 2 NO	Check only one)	INJURY OCCU	OF 1 [	MLABLE PRIOR TO MPLETION OF CAUS DEATH?  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 SES 2 NO  27. MANNED OF DEATN  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER	HOP ITAL:  1 Dinpatient 2   Ei  28e. DATE OF IN. (Month, Dey.  28e. PLACE OF II building, etc.  ICIAN: To the best of my ER: On the basie of exam	R/Outpatient 3 D SURY 28t NJURY — At home, f . (Specify) knowledge, death o	OTHER: OA 4   Nursing D. TIME OF INJURY M 1  arm, street, factory	Home 5 Residence C. INJURY AT WORK?  YES 2 NO office  date end place, end de ion, death occured at ti	28f. LOCATION (Street City or Town, State to the cause(e) and make time, date and place, a UMBER	end Number o	OF 1 [	MLBLE PRIOR TO MPLETION OF CAUS DEATH?  YES 2 NO Number,  Number,  d menner ee stated enth, Day, Year)
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 SES 2 NO  27. MANNED OF DEATN  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER	HOPITAL: 1 Pinpetient 2 Ei 28a. DATE OF IN. (Month, Day, 28a. PLACE OF inbuilding, etc.) ICIAN: To the best of my ER: On the basic of exam	R/Outpetient 3 D  BURY Year)  28t NJURY — At home, f. (Specify) knowledge, death o	OA OTHER: OA 4   Nursing D. TIME OF INJURY M arm, street, fectory, ccurred at the time	Home 5 Residence C. INJURY AT WORK?  YES 2 NO office  date end place, end de ion, death occured at ti	28d. DESCRIBE HOW  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State  te to the cause(e) end make time, date end place, e	end Number o	OF 1 [	MLABLE PRIOR TO MPLETION OF CAUS DEATH?  YES 2 NO Number,

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE HOSPITAL OR ATTENDING PKYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF I	HEALTH AND	MENTAL HYG		91	25	0 5 6
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	тн		3. TIME OF DE	# 3 (
	Serena		Maj	ors		0 9	19 1	9 9 1	1:14	рм
	4. SOCIAL SECURITY NUMBER		440	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTI	4		LACE (State or	Foreign
	218-28-7475	1 🗆 M 2 💢 F	6U YAS.			3-28-3		Courney	N.C.	
œ	9a. FACILITY NAME (If not institution, give a		100		OR LOCATION OF	DEATH	9c. COUN	TY OF DE	ATH	
DIRECTOR	717 Druid Park	Lake Dr.	Apt. 9 <b>0</b> 4	Bal	timore					
H.	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCA					10d. INSIDE CIT	Υ
	MD		BAL	TIMOF	(E				LIMITS?	NO
PAI	100. STREET AND NUMBER 717 DRUID PARK	/ IAVE DD	APT.		21217				AT COUNTRY?	
FUNERAL	11. MARITAL STATUS							S.A	•	
	1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	II yes, ar	ecify Cuban, Maxis	ANIC ORIGIN? (Specifican, Puerto Rican, etc.	y Yea or No-	14. RACE - Black,	- American Inc White, alc.	llen,
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	1 TYES	2 X NO Spec	tty:		Specify:	BLACK	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S US (Give kind of work	UAL OCCUPATION	ON of working	16b. KIND O	BUSINESS/INDL	JSTRY	DLACK	
Ë	Elementary/Secondary (0-12)	College (1-4 or 5+)	ine. Do NOT use re	tired.)	as or working					
MP	12TH  17. FATHER'S NAME (First, Middle, Last)		THREE	M						
	T. PAINER'S NAME (FIRST, MICOR, LEST)					AME (First, Middle, Me E PERSOI				
BE	19a. INFORMANT'S NAME (Type/Print)		19h MAILING AD	DBESS (Stead		Route Number, City o				
2	ADRIANNE SESSI	ONS				COCKEY:			2102	0
1 1	20a. METHOD OF DISPOSITION 1 V Burlet 2 Cremetton 3 Ramo	20b	PLACE AND DATE OF D	ISPOSITION /N	ama of		LOCATION — C	_		0
	4 Donation 5 Other (Specify)	K	LNG MEMO	RIAL	PARK	)	ANDALL			)
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME A	ND ADDRESS OF F					
	alon 2.	Williams	9	WM.C	.MARCH	F.H./1	101 E.	NOF	RTH AV	/E.
	23. PART I. Enter the diseeses, or c	compilections that coused List only one cause on ed	the deeth. Do not	enter the mo	de of dying, su	ch as cerdiac or r	espiretory arre	st,	Approxim	nate
	IMMEDIATE CAUSE (Finel	List Only One cause on ea	A O	~					Onset sn	
	disesse or condition resulting in desth)		ASCV	(1)						
		OUE TO (OR AS A	CONSEQUENCE OF):							
No.	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):				<del> </del>		-	
CAT	cause. Enter UNDERLYING								İ	
E	CAUSE (Disease or injury thet initiated events	DUE TO (OR AS A	CONSEQUENCE OF):						-	
CERTIFICATION	resulting in deeth) LAST	l							1	
	PART II. Other significent conditions	s contributing to deeth bu	ut not resulting in t	he underlying	g ceuse given in	Part I. 24a. WA	S AN AUTOPSY	24b. W	VERE AUTOPSY F	INDINGS
OICA							FORMED?	A	WAILABLE PRIOR	TO
MEDI									F DEATH?	6
								'	0.00	(,0
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (C	neck only one)				
IXSI	1 X YES 2 NO	1   Inpatient 2   ER/Outpa	etlent 3 DOA 4	HER: Nursing Hom	e 5 KRasidence	8 Other (Specify)				
	27. MANNER OF DEATH Natural 5 Pending	(Month, Day, Year)	28b. TIME OF	WO	RK?	28d. DESCRIBE HO	W INJURY OCCU	RED		
B	2 Accident Investigation	28e. PLACE OF INJURY	At home down store		rES 2 NO					
윤	4 Homicide 8 Could not be determined	building, atc. (Special	fy)	t, ractory, ome		281. LOCATION (Str City or Town, S	eet and Number of tete)	r Rural Rou	ite Number,	
Ë	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the heat of my knowle	adia dankara a		on an person					
COMPLET	(Check only one) 2 MEDICAL EXAMINER	CIAN: To the best of my knowle 3: On the bests of exemination	and/or investigation, in	my opinion, d	and place, and du	lo line cause(a) and	menner as slated	(. 	od manner on	detect.
E C	29b. SIGNATURE AND TITLE OF CONTYPIER				29c. LICENSE NU					
0	Klenning 4	Christe "	40			_			fonth, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Prin	()	O.C.M.	Ľ.	1 09	20	1991	
			111 Peni	n Stre	eet, Ba	ltimore	Marvl	and	2120	1 I
	SEP 2 3 1991	ruia Davidson-Ram							2.20	
- 18	60 1331 9	WHILL WILL GOOD - NO	TANK DE							- 1



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DHMH-16 Rev 1/89

REG. NO.

FOR STATE REGISTRAR

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687	be executed within 24
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P.O. BOX 68760,	eath certificate
ώ.	death
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K	that
RECC	he law requires the
_	AM.
TA	The
OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, F	ATTENDING PHYSICIAI
	OR
	HOSPITAL DR AT

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH YEAR Fannie V. Murray Sept. 19, 1991 6:00 A M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in vrs. less hirthday) 7. DATE OF BIRTH (Month, Day, Year) June 19, IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 216-34-8785 1 M 2 T F 96 DAYS HOURS YRS. 1895 Maryland use as the burial-transit permit, Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 109 Driscoll Way DIRECTOR Gaithersburg Montgomery RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Linthicum 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 720 E. Maple Rd. 21090 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married il yes, specify Cuban, Mexican, Puerto Ri 1 — YES 2 NO Specify: IF YES, GIVE WAR OR DATES ВҰ 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker 6 Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) F Roland Murray BE Virginia Lowman notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Robert Parent 109 Driscoll Way, Gaithersburg, MD þe 20a. METHOD OF DISPOSITION
1) Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must funeral director, ■ I Donation S □ Other (Specify) Epiphany Episcopal Ch. Cem, 9/20/91 Odenton, A.A., MD examiner 21. SIGNATURE OF FUNERAL SERVICE UCENSES 22. NAME AND ADDRESS OF FACILITY Kirkley Funeral Home n by the freenoval. 421 Crain Hwy. S.E., Glen Burnie, MD 21061 medicai 23 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, has been signed by the attending physician and completely filled In by . Dept. of Health and Mental Hygiene prior to burial, cremation, or remo Approximate ahock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death within 24 he disease or condition RESPIRATORY
DUE TO (OR AS A CONSEQUENCE OF) resulting in death) MIN event. executed traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING 2 certificate other t CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 6 shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY 1 TYES 2 NO DF DEATH? t ☐ YES 2 ☐ NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? or item 26. PLACE OF DEATH (Check only one) certificate the State HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO DR ATTENDING PHYSICIAN: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. DATE OF (NJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED marked, with this 1 Natural 5 Pending investigation After t BY 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 40 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be DIRECTOR: , hours after 28 4 Homicide Hem 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. FUNERAL I IMPORTANT: IF 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29 LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 분분 91 32407 223 2 30. NAME AND ADDRESS OF PERSON WHO CO PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Rockville, MD 4808 MI HAGGERTY PHYSICIANS LANE #212 0850

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DEFE

John J. H. Marie H.

4. SOCIAL SECURITY NUMBER

212-26-2536

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

MIN.

DAYS

Miller

6. AGE (In yrs. last birthday)

62

Robert

1 🔯 M 2 🗌 F

5. SEX

George

3. TIME OF DEATH

10:57

8. BIRTHPLACE (State or Foreign Country)

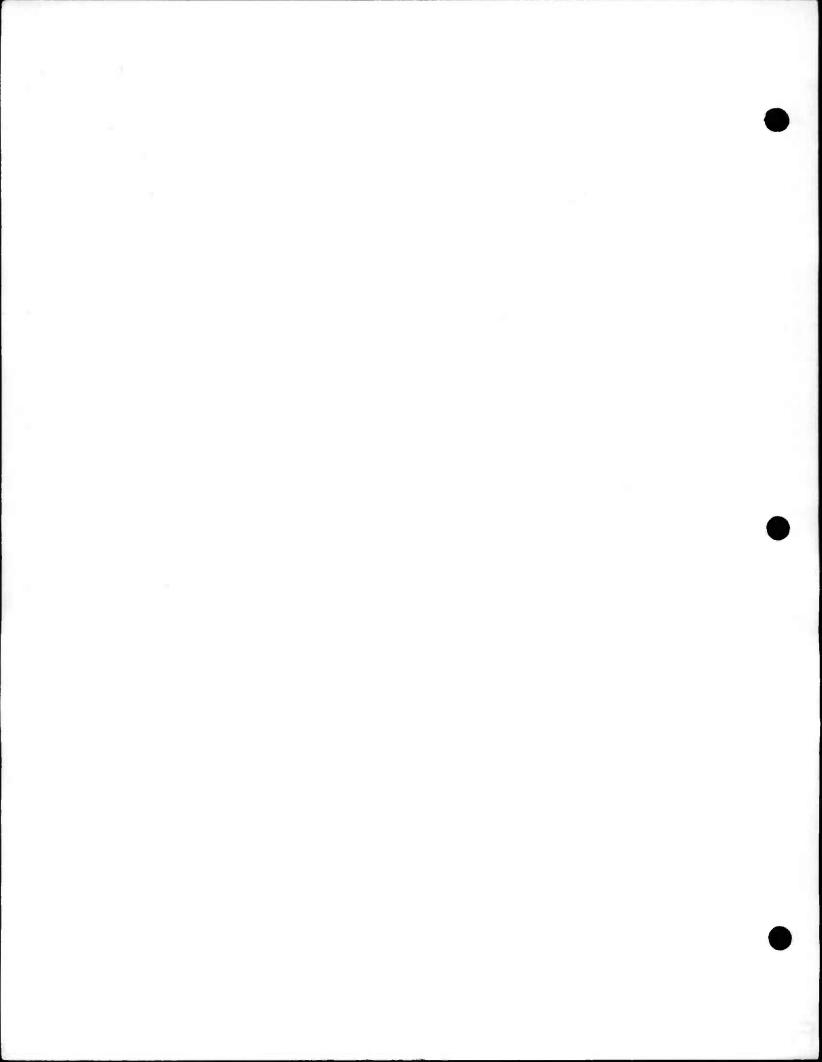
Maryland

2. DATE OF DEATH MONTH DAY

7. DATE OF BIRTH (Month, Day, Year) 12/6/1928

09-19-91

	9a. FACILITY NAME (If not in	natitution, give a	treet and number)		9b.	CITY, TOWN C	OR LOCATION OF DE		0/19	9c. COUNT		YLand	
E P	Greater RESIDENCE OF DE	Baltin	nore Medical	Cente	r	Tows	on			Bal	timo	ce	
DIRECTOR	Maryland	10b. COUNTY			De. CITY, TO	to Ci	ty,Md.					d. INSIDE CITY LIMITS?  YES 2 NO	
	10a. STREET AND NUMBER				Dai		ZIP CODE			10g. CITIZE		T COUNTRY?	
E	3206	Clear	rview Ave.		21234					USA			
FUNERAL	11. MARITAL STATUS  LEPhover Merried 2		12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	RMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— INO If yes, specify Cuben, Maxican, Puerto Rican, etc.)						Black, WI	American Indian, hite, atc.	
Э ВУ	3 Widowed 4 Div		Korean									White	
ETED		CEDENT'S EDU- ily highest grade 0-12)		(Give i		JAL OCCUPATIO done during mo tired.)		18b.		SINESS/INDUS			
COMPL	12th.Gra			Po	lice	eman			Ba1t	co.Ci	ty		
-	17. FATHER'S NAME (First, A	Middle, Last)	Robert A	Mill	lar		18. MOTHER'S NA		A . My				
BE	19a. INFORMANT'S NAME (	Type/Print)	Robert A			DRESS (Street a	and Number or Rural				ode)		
2	Mr.John E		na Sr.				wing D					057	
	20a, METHOD OF DISPOSIT	TION	201	. PLACE OF			netery, cremetory or		_	CATION - CI			
	152 Buriel 2 Cremati 4 Donation 5 Donati		oval from State	ceda	ar H	i11 C	emetery		A. A	A.Co.	Md.		
	21. SIGNATURE OF FUNERA	AL SERVICE LI	CENSEE	7	1	22. NAME A	NO ADDRESS OF FA	CILITY		Balto	.Md	.21230	
	1 Lan	int	0.710	uli	2							Fort Av	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between the cause on each line.												
	IMMEDIATE CAUSE (FI	inal									Onset and Daath		
O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	a. Massive myocardial infarction  DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSCOUENCE OF):  Arteriosclerotic cardiovascular disease  DUE TO (OR AS A CONSCOUENCE OF):												
FICA	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa  DUE TO (OR AS A CONSEQUENCE OF):												
ERT	resulting in death) LAST												
											ERE AUTOPSY FINDINGS		
MEDICAL								CO		OMPLETION OF CAUSE DEATH?			
ME										11	YES 2 NO		
ä	25. WAS CASE REFERRED	70 14501011											
PHYSICIAN:	EXAMINER?	TO MEDICAL	HOSPITAL:			THER:	LACE OF DEATH (C						
HYS	27. MANNER OF DEATH		1 Inpatient 2 ER/Out		66. TIME O		JURY AT			NJURY OCCU	RED		
		Pending Investigation	(Month, Day, Year)		INJURY	Y WO	ORK? YES 2 NO	-7,91 -181					
ED BY	2 Accident 3 Suicide 8 4 Homicide	Could not be	28e. PLACE OF INJUR building, atc. (Spe	/ — At home	, farm, atre	et, factory, offic	ca .	26f. LOCA	TION (Street or Town, State)	and Number o	r Rural Rout	e Number,	
ETE		detarmined											
COMPLET	cool		ICIAN: To the best of my know ER: On the basis of examination									nd manner as stated.	
	29b. SIGNATURE AND TUTL						29c. LICENSE NU					onth, Day, Year)	
TO BE	/-	Vau	Myester		-		D0087	5			09/20		
F			necker, M.D.						et, To				
	31. DATE FILED (Month, Day	(, Year)	Alla Daydon										
Щ	SEP 23	1991	d the same	and the same								0.000	
												DHMH-16 Rev 1/6	



. After this certificate hir death with the State C marke 69 L DIRECTOR: A hours after d 28 Item 2 THE FUNERAL I IMPORTANT: If

BY

COMPLETED

BE

2

31. DATE FILED (Month, Day,

3 2

1991

Davidson-Without

22

TO BE COMPLETED BY FUNERAL DIRECTOR
HYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 9- 20-Anna Myrick 1991 8:42 p.M 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign DAYS HOURS MIN. 217- 26-8074 1 M 2 XF 84 YRS. Maryland 9-29-1906 9a, FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Franklin Square Hospital Balto. RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Maryland 1 TYES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1046 Old North Point Rd. 21224 U.S.A 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-II yea, specify Cuban, Mexican, Puarto Rican, atc.) 14. RACE -- American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Married
3 Wildowed 4 Divorced Specify: White 1 TES 2 NO Specify: 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 8+) Homemaker 6th Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) James Craig Hutzler Anna 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Robert T. Myrick 19719 Old York Road WhiteHall Md. 204 METHOD OF DISPOSITION
1 Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION -- City or Town, Stata DATE Oaklawn"Cemetery 9-23-91 Baltimore, Maryland 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Joseph N. Zannino Jr. Funeral Home 0 S. Conkling St. Balto. Md. 21224 23. PART J. Enter-the complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximata** shock, or hasrt fallure. List Dniy Dna csus intarvai Betwe IMMEDIATE CAUSE (Final **Onset and Death** disesse Dr condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disesse Dr injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in dasth) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINERT HOSPITAL:
1 © Inpatient 2 □ ER/Outpatient 3 □ DOA OTHER: 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 286, TIME OF 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident 3 Suicide 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29s. CERTIFIER
(Chark only 1 ] CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 286. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

00 TEN 17 * - /- 0 E . 66 6 

TO BE COMPLETED BY FUNERAL DIRECTOR

13146,
BOX
S, P.O.
RECORDS
OF VITAL
ISION

TO THE HUSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

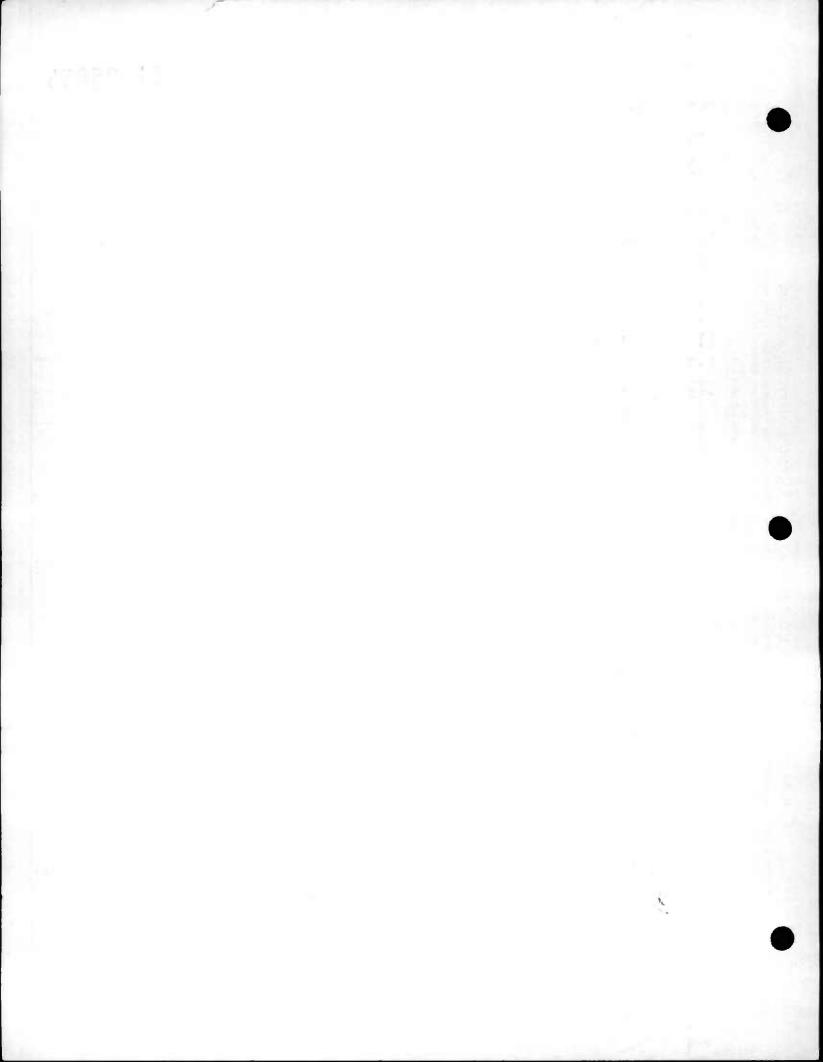
IMPORTANT: If Hem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

SEP 2 3 1991

DECEOENT'S NAME (First, Middle, Last) Lucille	Ochis						2. DATE OF DEATH	<b>1</b> 991	YEAR	9:00 A.M.
SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1	YEAR IF UNDER 24	HRS.	7. DATE OF BIRTH			HPLACE (State or Foreign
77-60-0659	1 □ M 2 □XE	84	YRS.	MONTHS	DAYS HOURS	MIN.	(Month, Day, Year) 3-22-19	07	Count	w known
. FACILITY NAME (If not institution, give	street end number)			9b. CITY, 1	TOWN OR LOCATION	OF DE			NTY OF C	
eridian-Bright	twood			Bro	oklandy	ill	le	Ва	lti	more
e, STATE 106. COUNT	~		T							
ash. D.C.	11			chin	gton D.	C				10d. INSIDE CITY
STREET AND NUMBER			wa	SIIIII	101. ZIP CODE	C.		T		1 YES 2 NO
2030 F. St. N.	W #112							- 1.11		WHAT COUNTRY?
MARITAL STATUS		IT EVER IN U.S. AF	MEO	13 W	20006		C ORIGIN? (Specify Ye	US		E — American Indien,
Never Merried 2 Merried	TOROGOD A TOROGOD A FIRM				yes, specify Cuben,	Mexican	, Puerto Ricen, etc.)	- OF NO.	Blec	k, White, etc.
☐ Widowed 4 ☐ Divorced	IF YES, GIVE V	WH OH DATES		'	YES 2 NO	зреспу;			Wh	ite
15. DECEDENT'S EDI (Specify only highest grad		16a. OE	CEDENT'S	USUAL OCC	CUPATION ring most of working		16b. KIND OF BU	SINESS/INC	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	- Ille	Do NOT u	se retired.)	ning most or working					
12 Accountant Federal Go						ove	rnment			
. FATHER'S NAME (First, Middle, Last)	20 10, 0				18. MOTHE	R'S NAN	IE (First, Middle, Maider	Surname)		
oseph Ochis					u	nkr	nown			
e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	Street and Number of	Rural A	oute Number, City or Tox	vn, Statu, Ziç	Code)	
Eileen Franch	1		607	E. 3	4th St.	, E	Balto.,	Md.	212	18
ea. METHOD OF DISPOSITION  ☐ Burial 2 ☑ Cremation 3 ☐ Rer	moval from Stata	other pi	lece)	200	e of cemetery, cremat		20c. L0	CATION -	City or T	own, State
□ Donation 8 □ Other (Specify)		Gree	n Mc	unt	Cremato	ry	BA	lto.	, Md	
1. SIGNATURE OF FUNERAL SERVICE L	111		-		AME AND ADDRESS					
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23. PART I. Enter the disesses, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disesses or condition resulting in death)  Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING	complications that. List only one can	at caused the deuse on each line	TIV	21 not snter t	34 WIII he mode of dying	OW g, such	Spring ss cardiac or resp  FAILO	Rd . ,	BA1	Approximats Interval Between
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TER/Outpatient SENJURY — At he etc. (Specify)	OUENCE O	Primot sater to the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of the sate of th	HEAR  HEAR  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVITE  AVIT	OW 3, such	Spring ss cardisc or resp  FA   CO  Part I. 24a. WAS AI PERFO  1   YES  6 Other (Specify) 28d. DESCRIBE HOW  26f. LOCATION (Street City or Town, Stells to the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make the cause(e) and make	N AUTOPSY RIMED? 2 NO INJURY OC and Number	244	Approximats Interval Between Onset and Death  MONTHS  WERE AUTOPSY FINDINGS AMALBUE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO

JUNE DANGLOS SIGN TURE DE



burial-transit permit. Pages 1, 2, 3 should

	1. DECEDENT'S NAME (First,	Middle, Last)			ERTIF	ICAI	E OF	DEAL	In	REG. NO	).		A THE OF BOX
	ELEANO	R E. RE	EED							MONTH I	Q	YEAR 91	3. TIME OF DEATH 10:45
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDE	ER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	<i>y</i>	7	10:45 I
	216-24-4999	ALLE:	1 🗌 M 2 💢 F	80	YRS.	MONTHS	DAYS	HOURS	MIN.	JUNE 3,19	11	Countr	'IMORE, MD
	Sa. FACILITY NAME (If not ins	stitution, give stre	et end number)			9b. CIT	Y, TOWN C	OR LOCATIO	ON OF D		-	UNTY OF O	
OR	ST. AGNES	HOSPITA	AL			J	BALTI	IMORE	1				
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY			10.00								
E	MARYLAND	Section and the	ARUNDEL				OR LOCAT		mc				10d, INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	ANNE A	TKUNDEL		LLIN	THI		HEIGH					1 TYES 2 NO
FUNERAL	509 DOGWO	OOD ROA	AD.				101.	2109				S.A.	VHAT COUNTRY?
S	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S. AR	MEO	13.	. WAS DEC			NIC ORIGIN? (Specify Ye			- American Indian.
ВУ	1 Never Married 2 I I 3 Widowed 4 Divon		FORCES? 1	YES TY	NO		If yes, spe	ecify Cubar 2 X NO	n, Maxica	in, Puarto Rican, etc.)	a or No-	Special	, White, etc.
	15. DECE (Specify only	DENT'S EDUCA	TION ompleted)	16a. OE	CEDENT'S	USUAL C	DCCUPATIO	ON		16b. KINO OF BU	SINESS/IN	IDUSTRY	
COMPLETED	Etamentary/Secondary (0-8TH GRADE		College (1-4 or 5 a	7	OUSEW	and the second	ouring mos	st or working	g				
Ö	17. FATHER'S NAME (First, Mic	(die, Last)						18. MOTH	IER'S NA	ME (First, Middle, Maiden	Sumame)		
BE (	JOHN	BROOK	CHART					1		ANNA EMR			
TO B	MARY R. LEI		3ER	5(	b. MAILING 09 DO	ADORES	S (Street ar	nd Number	or Rural F	Poute Number, City or Tow THICUM HEI	m, State, Z.	ip Code) MD.	21090
	20a. METHOD OF DISPOSITION 1A Burlat 2 Cremetion 4 Donation 8 Other (	ON 1 3 Removi	al from State	20b. PLACE A cemetery, cre NEW CA	AND DATE O	OF DISPOS	SITION (Nar	me of		DATE 20c. LO	CATION -	City or Tox	
	21. SIGNATURE OF FUNERAL		NSEE	- INDA OF	ALILLE	_		D AOORES			LTIM	UKE	
	Daw	n Z=	Fish	n		HU 41	UBBAR 107 W	RD FU	INERA	AL HOME IN	TIMO	RE. M	m. 21229
	23. PART I. Enter the dis shock, or ha- IMMEDIATE CAUSE (Fina disease or condition resulting in death)	dictioners. En	at only one cau	are on auch lina						ysfunct			Approximate Interval Betwe Onsat and Date
CERTIFICATION	Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or Injurithat initiated events resulting in death) LAST	y C.		(OR AS A CONSEC			In.	far	ct	in			
MEDICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I.  Infiltrating well differentiated squamous (eU  Carcinoma											WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION DF CAUSE OF OEATH?  1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO	MEDICAL	1 141	nemi	a	2	epsi-	5					
SC	EXAMINER?	H	OSPITAL:			OTHER	R:			ck only one)			
H	27. MANNER OF DEATH		28a. OATE OF	ER/Oulpatient 3	28b. TIME				ildence	8 Other (Specify)			
	1 Netural 5 Pe		(Month, Da		INJU	RY	28c. INJU WOR	RK?	NO.	28d. OEŞCRIBE HOW II	NJURY OC	CURED	
red BY	3 Suicide a C	vestigation ould not be itermined	28e. PLACE Of building, o	FINJURY — At horetc. (Specify)	ne, farm, str	reet, fact				26f. LOCATION (Street a City or Town, State)	nd Number	r or Rural Ro	oute Number,
COMPLET	29a. CERTIFIER 1 CERTIF	YINO PHYSICIA	N: To the best of	my knowledge des	oth occurre	d at the 1	lles data i			to the cause(s) and man			

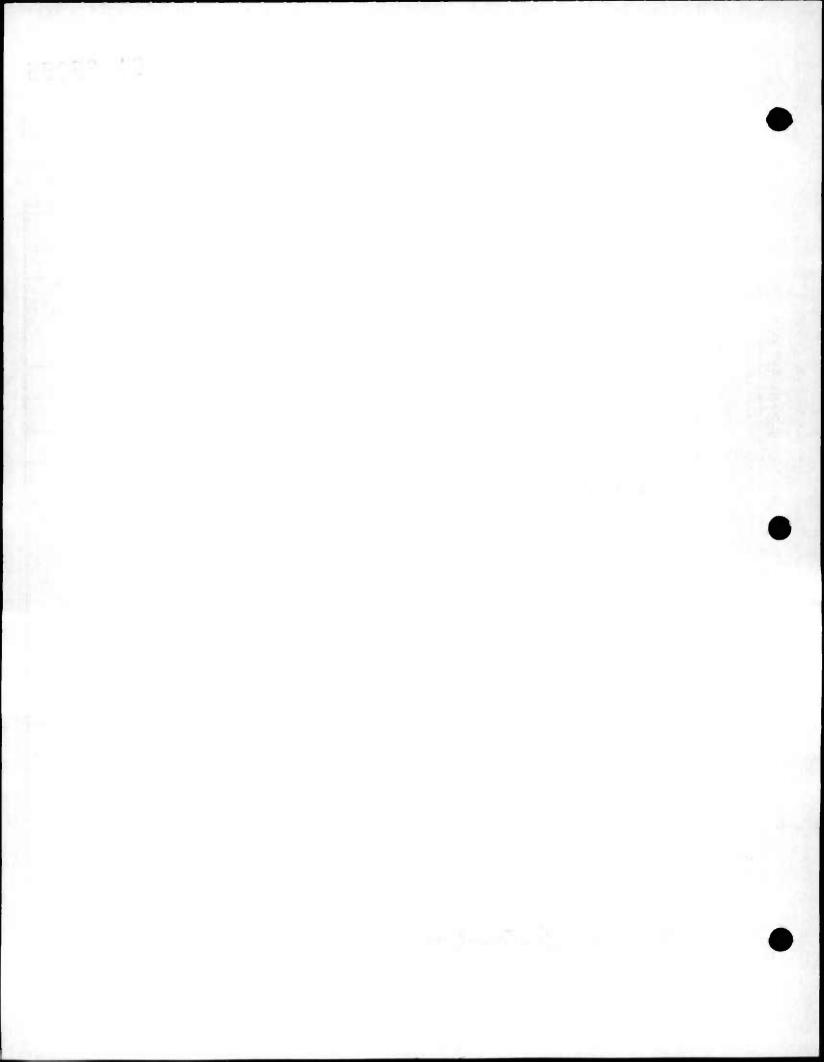
ton

Ave.

Balto,

MDI

who completed cause of Death (ITEM 27) (Type, Print)
Calderon 900 Ca +
32 registrans signature
Julia Davidson-Randall Javier E.
31. DATE FILED (MONTH, Day, Year)
SEP 2 3 1991 Calderon



1. DECEDENT'S NAME (First, Middle, Last)

DAY

2. OATE OF DEATH

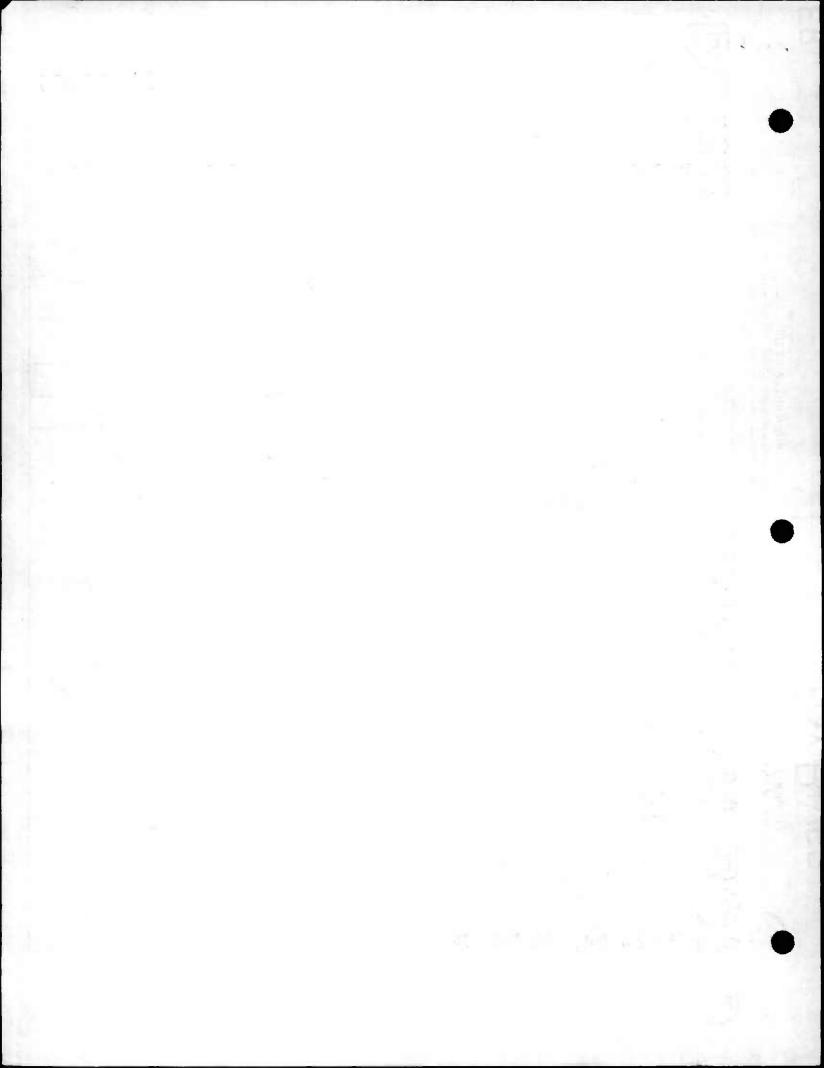
MONTH

IE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  IE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.  PREMAIT: If item 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

MILDRED SERENELLA 7. DATE OF BIRTH 4 SOCIAL SECURITY NUMBER 8. BIRTHP*_ACE (State or Foreign Country 8. AGE (in yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. DAYS 1 M 2 F 218-58-2938 09-12-1910 Pennsulvania 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH Stella Maris Hospice Towson Baltimore FUNERAL DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 10b. COUNTY Maryland Baltimore Edgemere 1 YES 2 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 6805 North Point Road 21219 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, stc. If yes, specify Cuben, Mexican, Po 1 TES 2 NO Specify: 1 Never Merried 2 Married
3 Widowed 4 Divorced BY White COMPLETED 15. DECEDENT'S EDUCATION 18e. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondary (0-12) College (1-4 or 5+) 3 Years Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Albert Pecora Carmela DeLuca 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Sudie Grace 6805 North Point Road, Baltimore, MD 29s. METHOD OF DISPOSITION
1/A Burlal 2 Cremation 3 Removal from State
4 Donation 6 Other (Specify) 20b. PLACE ANO DATE OF DISPOSITION (Name 20c. LOCATION -- City or Town, State DATE of cemetary, grematory or other place) Sacred Heart of Jesus Cem. 19/23 Baltimore. 21. SIGHATURE OF JUNERAL BERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Avenue, Baltimore, MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Finel netastatic disease or condition resulting in death) enocar (inama). DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly liet conditions, Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): reaulting in deeth) LAST 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL 1 TES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NAO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 - Residence 6 M Other (Specify) Hospice 27. MANNER OF OEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending M 1 YES 2 NO BY 2 Accident 26e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide e Could not be COMPLETED TO THE FUNERAL DIRECTOR: be filed within 72 hours after IMPORTANT: If Item 28 is 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and dus to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE acla llefander D 27087 9-20-91 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Carla S. Alexander, M.D. - Stella Maris Hospice-Dulaney Valley Rd.-Towson 21204 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Lulia Savidson Randelle SEP 2 3 1991



0700-C1717 CULTURE - 17-0050	th. Page 6 may be retained by the hospital or attending physician.	eral director, page 5 should be detached for use as the burial-trans		miner must be notified at once.	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death, Page 6 may be retained by the hospital or attending physician.	TOTHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

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	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPA CERTIF	RTMEN	TOF H	EALTH AND DEATH	MENT	AL HYGIEN	_			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DA	TE OF DEATH	-	YEAR	3. TIME OF D	EATH
	4. SOCIAL SECURITY NUMBER	11iam SANDE	K.S E (In yrs. last birthday)	E UNO	ER 1 YEAR	IF UNDER 24 HRS.	09	E OF BIRTH	.9	91	5:11	Р
	412-24-0746	1 № 2 □ F	68 YRS.	MONTHS		HOURS MIN.	(Mc	3-24-19	23	Country	rginia	
~	9e. FACILITY NAME (If not institution, give			1	TY, TOWN O			NTY OF DE	-			
D.	Franklin Square	Hospital		R	ossvi	ille Baltimore (					e Cour	nty
DIRECTOR	10a. STATE 10b. COUNT		10c. Cf	TY, TOWN	OR LOCATI	ON					10d. INSIDE C	ITY
		timore	D	unda	lk		1 🗆					X NO
RAI	100. STREET AND NUMBER 7928 New Battle	Chave Boad			10f. ZIP CODE						HAT COUNTRY	?
N.	11. MARITAL STATUS		R IN U.S. ARMED	13	WAS DECE	21 2 2 2	NIC OBIC	2012 /Paralle Ma	us			
BY FUNERAL	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR OR WWII		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify II yes, specify, Cuban, Maxican, Puarto Rican, atc.)  1  YES 2 NO Specify:				or No.	14. RACE Black, Specify	- American Ir White, atc.		
三	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  [Give fund of work done during most of working life. December 19.00]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Secondary 19.20]  [Bloometers (Seconda							66. KIND OF BU	SINESS/INC	DUSTRY		
PE	Elementary/Secondary (0-12)  10th Grade	College (1-4 or 5+)	Check	,	)			Rothe	aham	Ctoo	l Corp	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Ontacio			16. MOTHER'S NA	AME (First			siee	c conp	•
BE C	George H. Sanders Dora J. Roar											
101	19a. INFORMANT'S NAME (Type/Print) Stefanie Sander	5	19b. MAILING 782	8 New	ss (Street an W Bat	the Gro	Route Nu Ve R	moor, City or Tow	n, State, Zip altim	Code)	MD 2	1222
	20a. METHOD OF DISPOSITION 1. Burlel 2 Cremation 3 Ram	novet from State	Ob. PLACE AND DATE	OFDISPO	SITION (Nam	ant	DA	TE 20c. LO	CATION —	City or Tow	n, State	
	4 Donation 8 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE / /	Holly Hi			ADDRESS OF F	9/	23 1	Balti	more	MD	
	· Charles	V Fee	4/	1	Duda- 1922 (	Ruck Fu	nera	Balt	imano	MD	2122	c.
	23. PART I. Enter the diseases, or shock, or heart failure.	complications that ceue List only one cause on	ed the death. Do	not ente	r tha mod	a of dying, auc	h aa ca	rdiac or respi	retory err	est,	Approxi	
	IMMEDIATE CAUSE (Final disease or condition											nd Death
_	DUE TO (OR AS A CONSEQUENCE OF):											
5	Sequentielly list conditions, If any, leading to immediate  Superior Vena Caval Thrombosis  DUE TO (OR AS A CONSEQUENCE OF):											
2	cause. Enter UNDERLYING Diaphragmatic paralysis Secondary to tumor											
CERTIFICATION	that inhiated evente DUE TO (OR AS A CONSEQUENCE OF): reaulting in deeth) LAST											
S	PART II ON 11 III	d										
PHYSICIAN: MEDICAL	PART II. Other eignificent condition	ns contributing to death	but not raculting	In the u	nderlying	ceuse givan in	Pert I.	24a. WAS AN PERFOR 1 YES 2	MED?		WERE AUTOPSY WAILABLE PRIC COMPLETION OF DEATH?	OT R
ž										'	YES 2	] NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:				CE OF DEATH (Ch	eck only	one)				
IYSI	1 VES 2 NO	Inpatient 2 - ER/Ou				5 🗆 Rasidenca	8 🗆 Ott	er (Specify)				
	1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)		E OF JURY	28c. INJUI WOR	(7	26d. Di	ESCRIBE HOW II	NJURY OCC	URED		
ED BY	2 Accident Investigation 3 Sulcida 6 Could not be detarmined	28e. PLACE OF INJUI building, etc. (Sp	RY — At home, term,	street, fac		S 2 NO	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETE	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To 6					L					
N N	(Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my kno IR: On the basis of examinat	wiedga, death occurr ion and/or investigation	ed at the t on, in my c	time, deta a opinion, des	nd place, and due th occured at the	to the c	euse(s) and man	ner as atate	od.		-4-4
	296. SIGNATURE AND TITLE OF CERTIFIES		01.4			9c. LICENSE NUI		e and place; and				
10 BE	Brodford &	O COMPLETED CAUSE OF	EATH (ITEM 27) (Tom	Print		N/A			▶ <b>9</b>	7/19	Aonth, Day, Yea	
	Bradford L. Ebri				Squar	e Drive	e, B	altimor	e, M	D 21	237	
	31. DATE FILED (Month, Day, Yber)	32. REGISTRAR'S SIG					_					-

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE PROPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	THE THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be determined to manage and the state of the second of Health and Mental Hydren noing in hinds cremation or manage.	IMDOCTANT: History 20 is mondered as New 22 share a silving as sales a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a share a
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1 - STATE REGISTRAR			D / OEPAF CERTIF	ICAT	E OF	DEA	TH TH	MENIA	REG. NO			
1. DECEDENT'S NAME (First, Mide	GEORGE	Ε.	SAUT	TER				2. DAT	e of death th 0.9	21	YEAR 91	3. TIME OF DEATH 3:42 p
4. SOCIAL SECURITY NUMBER	5. SEX		rs. last birthday)	IF UNDER		IF UNDER			OF BIRTH		a. BIRTH	IPLACE (State or Foreign
214-03-2160	1 📉 M 2 🗌 F	74	YRS.	MONTHS	DAYS	HOURS	MIN.		19 -	17	MAR'	YLAND
9e. FACILITY NAME (If not institution				9b. CITY	, TOWN	OR LOCATI	ON OF D	EATH		9c. COU	NTY OF O	EATH
5600 CHELWYND RESIDENCE OF DECEDI 100. STATE 100. MARYLAND				ARBUTUS BALTIMORE							MORE	
RESIDENCE OF DECEDI	RESIDENCE OF DECEDENT  100. STATE  100. COUNTY											
MARYLAND	BALTIMORE		IOC. CIT	Y, TOWN ( ADDI	UTUS	ION						10d. INSIDE CITY LIMITS?
	DIGITIONE			ALLD						_		1 TES 2 NO
5600 CHELLIVAD	5600 CHELWYND ROAD				101	. ZIP CODI	227					VHAT COUNTRY?
10e. STREET AND NUMBER  5600 CHELWYND  11. MARITAL STATUS	12. WAS DECEDEN	T EVED IN III	C ADMED	Lan	W# 0 0# 0						SA	
3 Widowed 4 Divorced		YES 2	E DINO		If yes, spe	ecity Cube	n, Mexico	en, Puerto	N? (Specify Ye Ricen, atc.)	e or No—	14. RACE Black Speci	— American Indian, c, While, atc.
	T'S EDUCATION	16	. DECEDENT'S	USUAL O	CCUPATIO	)N		16	b. KIND OF BL	SINESS/INF	HISTON	
Elementary/Secondary (0-12) 8 TH  17. FATHER'S NAME (First, Middle,	completed) College (1-4 or 5 a		(Give kind of a	work done	during mo.	st of workin	g				7031111	
8TH			ASSIST	ANT 1	FORE	MAN			MARYLA	AND SI	HTP '	YARD
17. FATHER'S NAME (First, Middle,	Last)					18. MOTH	ER'S NA		Middle, Maider			
EDWARD	SAUTTER	}					EVA	Α.		CENBEL	RGER	
	int)		19b. MAILING	ADDRESS	S (Street e	nd Number	or Aural					-
ANN SAUTTER	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5600 CHELWYND ROAD, BALTIMORE, MD. 21227							27				
1 X Burlet 2 Cremation 3 4 Donetion 5 Other (Spec	4 Donetion 5 Other (Specify) CED			ther place)				9-2		OKLY1		
21. SIGNATUSE OF FUNERAL HOME, INC.												
Jour 4	Smill	0		H(	OWAR. 107 '	D H.I	HUBB ENS	SARD AVE.	FUNERA BALTIN	AL HOM	ME,	INC. 21229
Sequentially list conditione, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  Onset and Death  2 4 nus  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
PART II. Other algnificant co	PART II. Other significant conditions contributing to deeth but not							_	24a. WAS AN PERFOI 1 YES	RMED?		WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
EXAMINER?	HOSPITAL:			OTHER		ACE OF DE	ATH (Ch	eck only or	10)			
1 VES 2 NO	1   Inpatient 2			4 🗆 Nurs	ing Home	5 Rei	idence	8 🗆 Othe	r (Specify)			
127. MANNER OF DEATH  1 Netural 5 Pendir	28e. DATE OF (Month, Da		28b. TIME	URY	28c. INJU WOF	IRY AT		28d. DES	CRIBE HOW	NJURY OCC	URED	
2 Accident Investi	pation			M		ES 2 [	NO					
COOLU	3 Suicide 8 Could not be 4 Homicide determined				IY — At home, ferm, street, factory, office ecify)				28t. LOCATION (Street end Number or Rural Route Number, City or Town, State)			
29e. CERTIFIER (Check only one) 2 MEDICAL E	PHYSICIAN: To the best of CAMINER: On the basis of ex	ny knowladge	, death occurre	d at the tir	me, date o	end place,	and due	to the car	use(e) end ma	ner se state	rd. I ceuse(e)	end manner se stated.
296. SIGNATURE AND TITLE OF CE	prinen					29c. LICE	NSE NUM	BER		29d. DATE	SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF PERS	ON WHO COMPLETED OF	E OF OF	divers and	2.0		NH	0996	9		•	. 1	3/91
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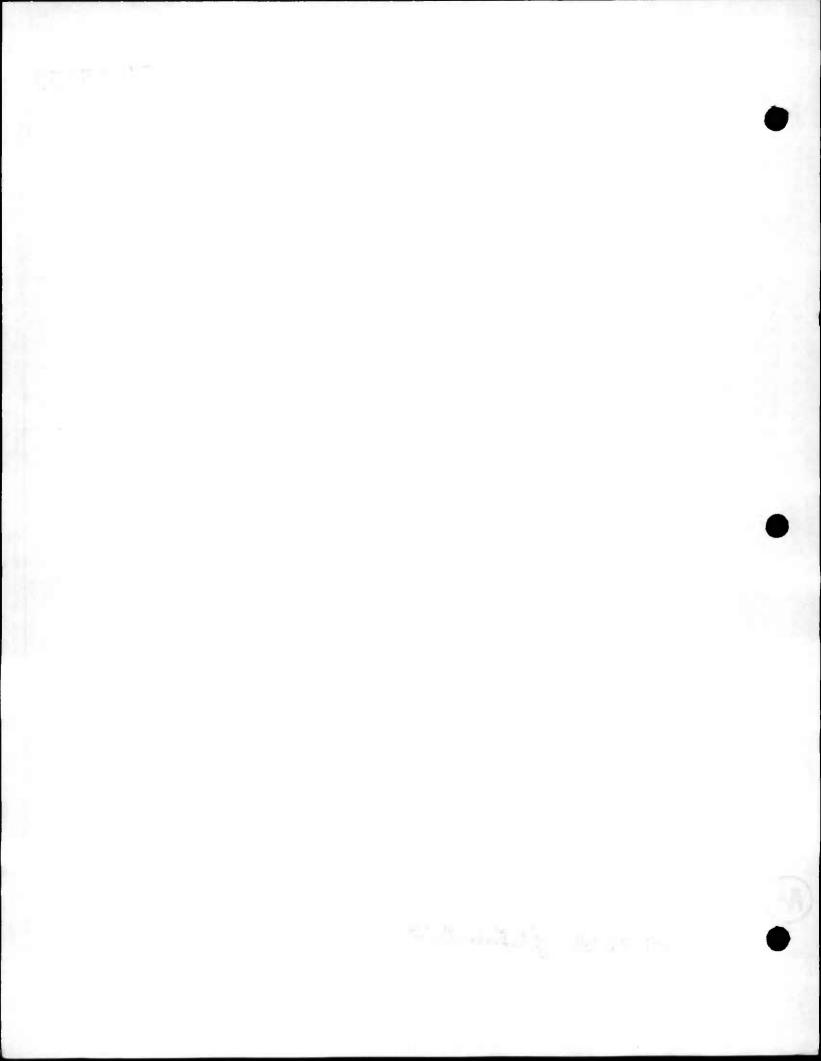
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTN CERTIFIC	MENT OF H	EALTH AND DEATH	MENTAL HYGIEN		25859			
	1. DECEDENT'S NAME (First, Middle, LA LINWOOD	JOSEPH	SCHMIDT			2. DATE OF DEATN	AY YEAR	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 212-09-8837	1 🕅 M 2 🗆 F 83		UNDER 1 YEAR NTHE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 2-03-08	Co	RTNPLACE (State or Foreign untry) RYLAND			
TOR	9a. FACILITY NAME (II not institution, gi UNIVERSITY HOSP RESIDENCE OF DECEDENT	ITAL			RECITY		9c. COUNTY O	F DEATH			
DIRECTOR	10a. STATE 10b. COU MARYLAND			OWN OR LOCAT			10d. INSIDE CITY LIMITS? 1 [X] YES 2				
FUNERAL	1305 JAMES S			10f.	ZIP CODE 21223	21223 USA					
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 XDivorced	12. WAS DECEDENT EVER I FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 [Z]NO	If yes, spe	ENDENT OF NISPA celfy Cuben, Maxico 2 XNO Specifi	NIC ORIGIN? (Specify Yearn, Puarto Rican, atc.)	Yes or No.— 14. BACE — American Indian				
COMPLETED	(Specify only highest gi	( my					during most of working				
	17. FATHER'S NAME (First, Middle, Last)	CHMIDT	BAGGAGE	HANDLI	18. MOTHER'S NA	ME (First, Middle, Maiden		INES			
TO BE	19a. INFORMANT'S NAME (Type/Print) CHARLES H. MEIL		196. MAILING ADI 917 OLI	DRESS (Street at	JOSEPHINE WÜRSCH  SS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  TEAD ROAD ,BALTIMORE, MD 21208						
	20s. METHOD OF DISPOSITION 1 Å Burlat 2 Cremetion 3 Removal from State 4 Donallo 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of Competency, Cremetory, or other place)  LORRAINE PARK CEMETERY  9-25 WOODLAWN, MARYLA										
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	~	HOWARI			L HOME,	INC.			
2	23. PART if Enter the diseases, on heart failure immediate Cause (Final disease or condition resulting in death)	a Premo	CONSEQUENCE OF):	ch F		h as cardlac or reapi	ratory screat,	Approximate Interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):										
CAL	PART II. Other significant condit	PART II. Other significant conditions contributing to death but not resulting in the underlying cause gives					AUTOPSY MED?	4b. WERE AUTOPSY FINDINGS AMALABLE PRIDR TO CDMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		HER:	S Residence	eck only one)  8  Other (Specify)					
2 Accident Investigation M 1 YES 2 NO											
COMPLETED	nd Number or Rura	il Route Number,									
	(Check only one) 2 MEDICAL EXAM	YSICIAN: To the best of my know! NER: On the beals of examination	n and/or investigation, in	my opinion, da	ath occured at the	lime, data and place, and	dua to the cause				
TO BE	a	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM			29c. LICENSE NUN	29d, DATE SIGNED (Month, Day, Year)  9/2/9/					
	31. DATE FILED (Nogth, Day, Year)										



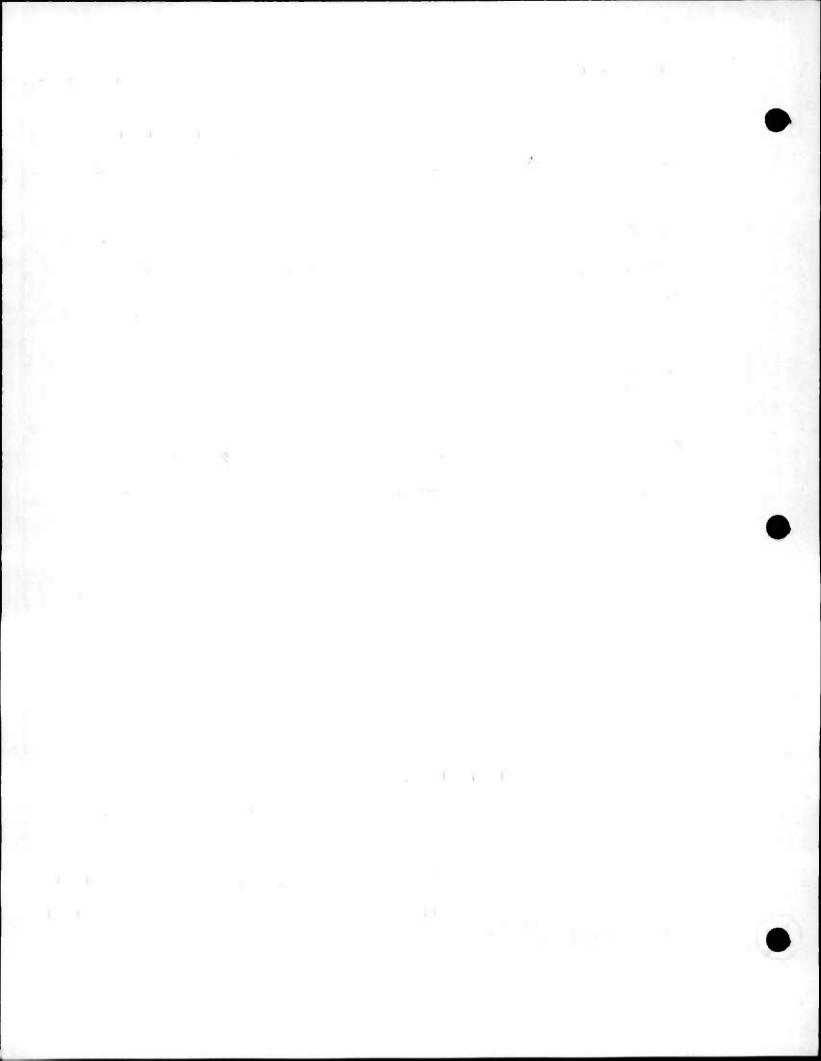
## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

91 25860

	REGISTRAR	CERTIFICATE	OF DEATH	REG. NO.	21 2000
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH
	Randolph	Simps	on	MONTH DAY	1991 4:05 I
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthday) IF UNDER 1 Y		7. DATE OF BIRTH	6. BIRTHPLACE (State or Foreign
	I help - Francisco 1 12	Z / YRS. MONTHS D	MYS HOURS MIN.	(Month, Day, Year)	Country)
	90. FACILITY NAME (If not Institution, give street end numo	9b. CITY. TO	OWN OR LOCATION OF D	L8-14-10	OUNTY OF DEATH
Œ				90, 0	OUNTY OF DEATH
18	Shock Trauma Cente	r Balt	imore		
DIRECTOR	10e. STATE 10b. COUNTY	10c. CITY, TOWN OR			10d. INSIDE CITY
<u>a</u>	ma	1341	n.		LIMITS?
A	10e. STREET AND NUMBER		10f. ZIP CODE	10g. C	CITIZEN OF WHAT COUNTRY?
E	. 1616N. PORT	5+	2171		21.
FUNERAL		CEOENT EVER IN U.S. ARMED 13. WAS	S DECEMBENT OF HISPAI	NIC ORIGIN? (Specify Yee or No-	- 14. RACE — American Indian,
	IE VES (	T TES ZE NO ITY	es, specify Cuban, Maxice	n, Puerto Rican, atc.)	Black, White, etc.
BY	3 Widowed 4 Divorced	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	YES 2 OO Specif	у:	Specify:
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a. DECEDENT'S USUAL OCCU	PATION	16b. KIND OF BUSINESS/	INOUSTRY
ļ i	Elementary/Secondary (0-12) College (1-4	or 5+) (Give kind of work done duri	ng most of working		
鱼		LAbort	commela		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	ME (First, Middle, Malden Surneme	1)
m o	KodAlph WilliA	ms	- 1 -	ley Sim	
0	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING ADORESS (S		Boute Mumber City or Tours State	Zin Codes
TO B	Shipley Simpson		PNIT S+	- Rama -	24 (000)
	20e. METHOD OF DISPOSITION	20h BLACE AND DATE OF DISPOSITIO	1011	· BAM. n	
	1 Densition 5 Other (Specify)	cemetery dematory or other place)	ON (Name of	DATE 20c. LOCATION	— City or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	101110	ME AND ADDRESS OF FA	123 BAL	10.
	1 = 5	22. NAI	ME AND ADDRESS OF FA	CILITY	
	Betts Lyne,	eal Home	1129 N	Culling	56
	23. PART I. Enter the diseases, or complication	a that ceused the deeth. Do not enter the	e mode of dying, suc	h as cardled or respiretory	errest, Approximsts
	shock, or heart fellure. List only on IMMEDIATE CAUSE (Final	e ceuse on sach line.	Latern	Dyc	Interval Between Onset end Dast
	disease or condition	Complet War	of not	in a f	Cineer end bear
	resulting in desth) a	DE TO (OR AS A CONSEQUENCE OF):	704	react with	<b>L</b>
z		Co	omulie d	b) (a)	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	JE TO (OR AS A CONSEQUENCE OF):	pricar	TON	
3	ceuse. Enter UNDERLYING		U		
Ē	CAUSE (Disease or Injury that Initieted events	E TO (OR AS A CONSEQUENCE OF):			
F	resulting in death) LAST				
DICAL CE	PART II. Other significent conditions contribution	ng to deeth but not resulting in the under	rlying ceuse given in	Part I. 24a. WAS AN AUTOPS PERFORMED?	
120				YES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE
1 W I					OF DEATH?
					DATES 1 110
SICIAN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Chi	eck only one)	
YSIC	EXAMINER?  1 X YES 2 NO X Inpatient	L: OTHER:			
Ŧ	27. MANNER OF DEATH 26e. DA	E OF INJURY 28b. TIME OF 28	Home 5 Residence	26d. DESCRIBE HOW INJURY O	OCCURED
7	Natural 5 Pending	nth, Day, Year) INJURY	WORK?	- Carlotte - Carlotte	
ВУ	2 Accident	12 1991 6:00 PM 1  CE OF INJURY — At home, farm, street, factory,	_ A	Subject she	
8	4 Homicide determined	ruing, etc. (Specify)		28f. LOCATION (Street end Numb City or Town, State)	
ш	AA- OCHTICIED	on street			nchester Stre
O BE COMPLE	(Check only 1 CERTIFYING PHYSICIAN: To the b	est of my knowledge, death occurred at the time,	data end place, and due	to the cause(e) and menner as a	risted.
CO	2 XMEDICAL EXAMINER: On the basic	of axemination end/or investigation, in my opini	on, death occured at the	time, date end place, end due to	the cause(s) end manner es stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	011	29c. LICENSE NUM	IBER 29d. D.	ATE SIGNED (Month, Day, Year)
	Mennis (	- Chute my	O.C.M		
임	30. NAME AND AGORESS OF PERSON WHO COMPLETED	CAUSE OF DEATH (ITEM 27) (Type, Print)	J U.C.M	· L. 1 · U.	9 20 1991
			troot D	-1+ <i>i *</i>	
	31. DATE FILED (Month, Day, Year)	Penn S	creet, B	artimore Ma:	ryland 21201
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SEP 2 3 1991

DHMH-16 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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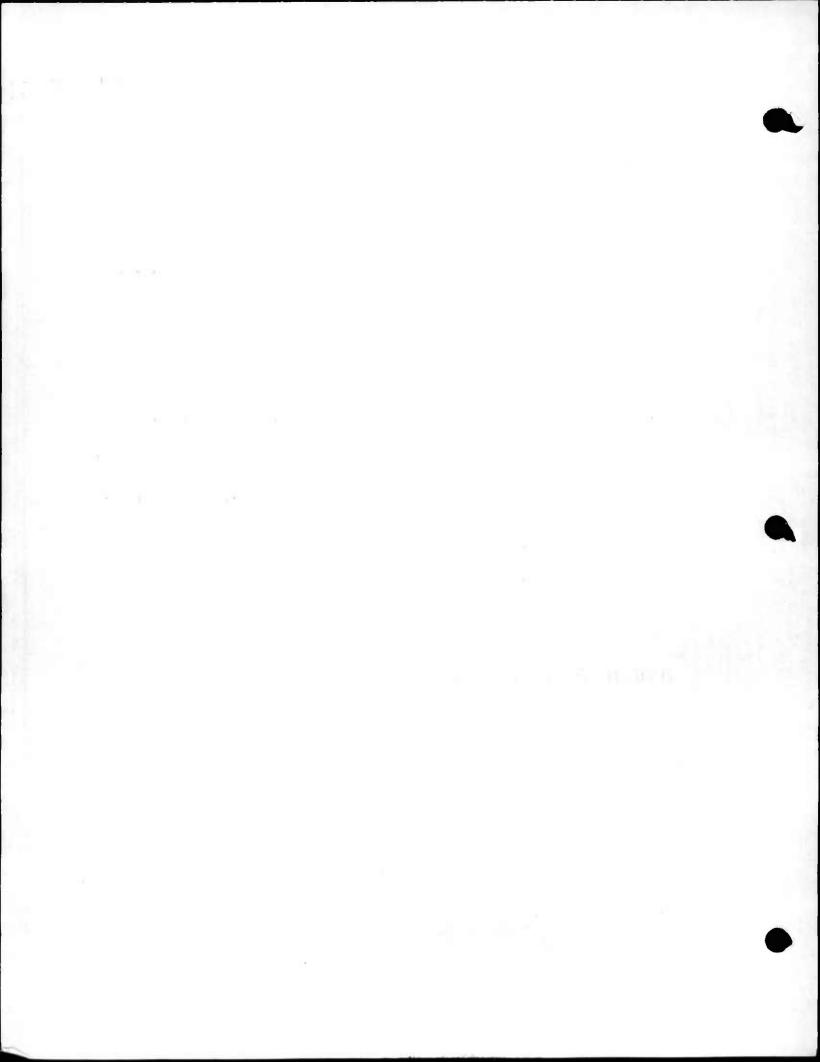
DR. SCOTT 10
31. DATE ELLED (MONTH), DEV. 1991

100 N.

	STATE REGISTRAR DECEDENT'S NAME (First, Middle, Lest)		С	ERTIFI	CATE	OF DE	TH	MENTAL HYGIE			1 258
	KINT CRIST SAS	ARONES						2. DATE OF DEATH DAY YEAR			3:15 p
4.	SOCIAL SECURITY NUMBER		8. AGE (In yrs. Ia	vma l	IF UNDER 1 YE	EAR IF UND	ER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 7-22-1		s. BIRTHPLACE (State or For Country) West Virgi	
	c. FACILITY NAME (II not institution, give street CHURCH HOSPITA	CHURCH HOSPITAL					TION OF D		9c. COUNTY OF DEATH		
100	e. STATE 10b. COUNTY	STATE 10b. COUNTY 10c. C									Od. INSIDE CITY LIMITS? YES 2 NO
	344 Folcroft Stre	et			Baltim	101. ZIP CO	224				AT COUNTRY?
1 [	11. MARITAL STATUS  1 Never Married 2 Married  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO IF YES, GIVE WAR OR DATES					DECENDENT B, specify Cui YES 2 X N	ban, Maxica	NIC ORIGIN? (Specify Wan, Puerto Ricen, etc.)			American Indien, white, etc. White
$\vdash$	3rd		Polisher					Stainless Steel			eel
17. FATHER'S NAME (First, Middle, Last) Louis Sasarones  18. MOTHER'S NAME (First, Middle, Maiden Surname) Garifalia Zades											
19 a	. INFORMANT'S NAME (Type/Print) Mrs. Cleo Sasarone	es	119	BLALINO B	ADDRESS (St	t Str	eet,	Route Number, City or To Baltimore	wn, State, Zip Md.	Code) 2122	4
-XC	e. METHOD OF DISPOSITION  Burlal 2 Cremation 3 Remova  Donation 5 Other (Specify)	al from State			F DISPOSITIO			9/21 Ba	ocation —		
21.	SIGNATURE OF FUNERAL SERVICE LICEN	mate			22. NAM Mat	thews	Fune				
IM dis	23. PART I. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  a. Massive Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Styles Sty										
on CA the	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I.  AMAILE TO NO.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO.  24b. WE. OC. OF								ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?			
25.	WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	R/Outpatient 3		OTHER:	6. PLACE OF		eck only one)  6  Other (Specify)			
27.	MANNER OF DEATH  Natural 5 Pending Investigation	28e. DATE OF IN (Month, Day,	JURY Year)	28b. TIME INJU	OF 28c IRY 1	. INJURY AT WORK?	□ NO	28d. DESCRIBE HOW	INJURY OCC	URED	
10.00		coldent control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of th						28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other eignificent condition	ns contributing to deeth but not	resulting in the u	inderlying cause given i	n Part I.	24a. WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO	24b. WERE AUTOPSY FINDING AWAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHE	nne)							
27. MANNER OF DEATH  Natural 5 Pending Accident Investigation	28e. DATE OF INJURY (Month, Day, Year) 28b. T		28c. INJURY AT WORK?  1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED						
3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify)			281. LOC City	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
	ICIAN: To the best of my knowledge, do									

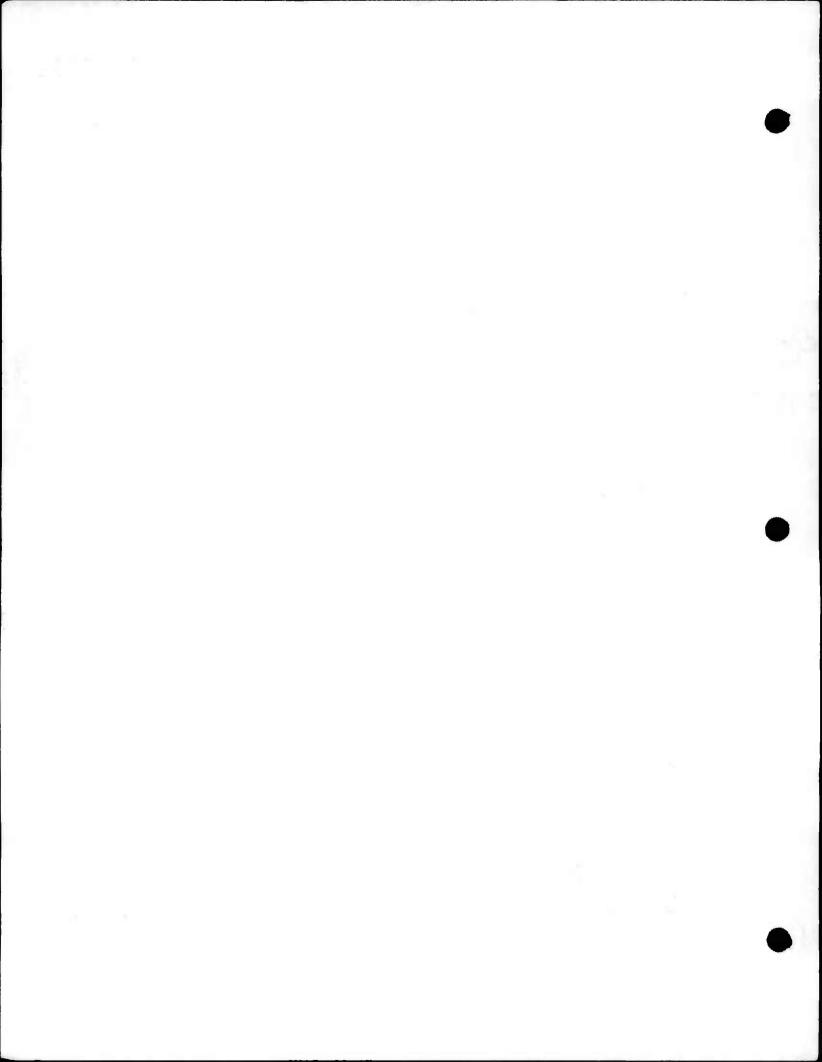
N. BROADWAY BALTIMORE, MD 21231



OHMH-18 Rev 1/89

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D THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2000 at the death. Page 6 may be retained by the hospital or	D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for u	e field within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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II C	E	19 6	1

	1 - FOR STATE OF I			MENT OF H			REG. NO.	E		
j	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	· ve		IME OF DEATH
ľ	Francis Michael Sacca						Sept 14	1991	AR	9:15 PM
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. lest b		IF UNDER 1 YEAR	IF UNDER 2		7. DATE OF BIRTH	8.1		E (State or Foreign
	215 56 1319 1 TM 2 TF	38	YRS.	ONTHS DAYS	HOURS	MIN.	June 2, 1	953	Penr	sylvania
	9a. FACILITY NAME (If not institution, give street and number)	30		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF						
E I	804 S. Baltimore Ave		Ocean City					Word	este	. 1
DIRECTOR	RESIDENCE OF DECEDENT									
H	10a. STATE 10b. COUNTY			TOWN OR LOCAT					10d.	INSIDE CITY LIMITS?
	Md Worcester		Oc	<u>ean City</u>				1 XYES 2 NO		
FUNERAL	10e. STREET AND NUMBER			1	ZIP CODE			10g. CITIZEN	OF WHAT	COUNTRY?
핃	804 S. Baltimore Ave				842			USA		
BY FU	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDE FORCES? IF YES, GIVE	NT EVER IN U.S. ARME I YES 2 NO WAR OR DATES	IMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ye 19 yes, specify Cuben, Maxican, Puerto Ricen, etc.) 1 ☐ YES 2 NO Specify:					or No—   14.	Black, Wh	
	15. OECEDENT'S EDUCATION	18e. DECE	DENT'S U	SUAL OCCUPATION	)N		18b. KIND OF BUS	SINESS/INDUST	TRY	
E	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5	We D	kind of wo	ork done during mo: retired.)	st of working	7				
릴	12 4		ce &	Firema	rsha	H	law enfo	orceme	ent	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTH	ER'S NAM	ME (First, Middle, Melden			
BE	John Joseph Francis Sad	cca			Nar	ıcy	M. Esposi	to		
2	19a. INFORMANT'S NAME (Type/Print)						loute Number, City or Town			
-	Nancy M. Esposito Sacc	a 8	04 S	. Baltin	nore	Ave	., Ocean			
	20a. METHOD OF DISPOSITION  1 Description 3 Removal from State	20b. PLACE Of other place	F DISPOSI	TION (Name of cen	netery, cremi	atory or		CATION — City		
	4 Donation 5 Other (Specify)	<u> </u>	reer	Cemet	ery		E	Berlin,	Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			1			Burbag			1
T	23. PART i. Enter the disease, or complications th	at coused the deat	th. Do no							Approximate
	shock, or heart failura. List only to be co	use on each line.							İ	intervel Between Onaet and Death
	a. Market Comments of the consequence of:									
CERTIFICATION	Sequentielly list conditions, Due to (or as a consequence of):									
¥.	if any, leading to immediata cause. Enter UNDERLYING									
H	CAUSE (Disease or injury that initiated events	O (OR AS A CONSEOU	ENCE OF	):					1	
F	reaulting in deeth) LAST									
	PART II. Other significant conditions contributing t	n death but not re-	aultina ir	the underlying	T COURS O	lven In	Part i. 24s. WAS AN	AUTOREV	245 WEI	RE AUTOPSY FINDINGS
CAL	PAAT II. Ottai agiinicani Onidiabia Onidibuting i	D death but high re-	outing it	i the underlying	y cause y	iveli ili	PERFOR		AVA	ILABLE PRIOR TO MPLETION OF CAUSE
							1 YES 2	NO I		DEATH?
×							—		1 [	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26.01	ACE OF D	EATH /Oh	eck only one)			
PHYSICIAN: MED	EXAMINER? HOSPITAL:	☐ ER/Outpatient 3 [	7.000	OTHER:	- 14					
¥	27. MANNER OF OEATH 28s. DATE (		28b. TIME			aldenca	8 Other (Specify)  28d. DE\$CRIBE HOW I	INJURY OCCU	RED	
	1 Natural 5 Pending	Day, Year)	INJ	M 1 🗆	PRK?	NO				
2 Accident Investigation 28s PLACE OF INJURY — At home farm street factory office 28s I OCATION (Str.									Rural Route	Number,
	4 Homicide 8 Could not be buildin	, atc. (Specify)					City or Town, State;	)		
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best	of my knowledge, deat	th occurre	d at the time, data	and place.	and due	to the cause(s) and ma	oner es stated		
M	(Check only one)  2 MEDICAL EXAMINER: On the basis of									d manner as stated.
	29b. SIGNATURA DE TITLE OF CERTIFIER				29c, LICE	NSE NU	ABER	29d, DATE 8	IGNED (Mo	nth, Day, Year)
BE	XU Numa				N	00	507	Da.	111	91
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA	USE OF DEATH (ITEM	27) (Туре,	Print)	التسا		<u> </u>	<del>' '/</del>	101	11
	31, DATE FILED (ASSIN, Day, 16er) 32, REGIST	SO 14	5	E. CAY	ROL	15	+ SAV	ISBU	Ry	mo
1		dson Randal	22						,	



TO THE HOSPITAL OR ATTENDING PHYSICI	FUNERAL DIRECTOR: After this ce	be filed within 72 hours after death with the	IMPORTANT: If Item 28 is marked, o
当日 1	TO THE	De filed	IMPO

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	Samuel Floyd	Shenk ·	4 44			MONTH DAY		3:47	М
		-	E (In yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		HPLACE (State or Foreig	20
		₩ 2 □ F		ONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Coun	try)	
		4.5	70	DITTU -		04/17/15		MD	
nr i	Sa. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH								
DIRECTOR	North Arundel Convalencent Home Anne Arundel								
5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		40. 0179 7	2000 00 1001	1011			T	
T .	Transfer I from the same of	more	10c. C114, 1	OWN OR LOCAT	ЮН			10d, INSIDE CITY LIMITS?	
	- 110	THOTE						1 TES 2 NO	
Ž.	1305 Riverwood		10f. ZIP CODE				WHAT COUNTRY?		
FUNERAL	2303 KIVELWOOD		21226			USA	A		
5	11. MARITAL STATUS  12. WAS DECEOENT EVER IN FORCES? 1 YES					ANIC ORIGIN? (Specify Yee or No.— 14		CE — American Indian, ck, White, etc.	
	IF YES, GIVE WAR OR DA					n, Mexican, Puerto Ricen, atc.) Specify:		Specify:	
В	3 Widowed 4 Divorced			X			white		
EIEU	15. DECEDENT'S EOUCAT (Specify only highest grade col	ION moletard)	16a. OECEDENT'S USUAL OCCUPATI		TION 16b. KIND OF BU		ISINESS/INDUSTRY		
u l		College (1-4 or 5+)	life. Do NOT use n	(Give kind of work done during most of working life. Do NOT use retired.)					
7			Tax Ass	ASSOr		Stat	-0		
COMPL	17. FATHER'S NAME (First, Middle, Lest)		TUN NOS	COSOL	18. MOTHER'S MA				_
	Samuel Shenk			18. MOTHER'S NAME (First, Middle, Meiden Surname)					
n n	19a. INFORMANT'S NAME (Type/Print)		40h 1111 1110 1	ADDERO (O)		nn Childs		-	
2						Route Number, City or Town,			
	Charles F. Shen					y Baltin			6
	20a. METHOD OF DISPOSITION  1℃ Buriel 2 ☐ Cremation 3 ☐ Remova	of from State	other place)				ATION — City or T		
	4 Donation 5 Other (Specify)		Meadowrid	ge Cer	meterv	HOV	vard Co	untv	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY					-			
	Mand & Start mores			Sterling Ashton Funeral Home, Inc					
_	23. PART I. Enter the diseeses, or con	es ma	530	736	Edmonds	on Avenue	2122	28	
: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST		A CONSEQUENCE OF):		comme	Part I. 240. WAS AN		Onset and D	is a
	Constrail	Ing.	fice	2	(VASC	PERFORI 1 TYES 21		AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO	SE
Z	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)								
2		IOSPITAL:	dnetlent 3 Doc			6 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	26a. DATE OF INJUR				6 ☐ Other (Specify)  28d, DESCRIBE HOW IN	HIDY OCCUPED		_
	1 Autural 5 Pending	(Month, Day, Year	) INJUR	Y WC	RK?	200. DESCRIBE NOW IN	JUNT OCCUMED		
2	2 Accident Investigation	00- 5- 00- 00-			YES 2 NO				
0	3 Suicide 6 Could not be	28e. PLACE OF INJUI building, etc. (S)	RY — At home, farm, stre pecify)	et, factory, offic	•	26f. LOCATION (Street at City or Town, State)	nd Number or Rural	Route Number,	
<u> </u>	- I nomiciae ditermined								
COMPLE	29e. CERTIFIER (Check only one)  1 DEFINITION PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(a) and manner as stated.  2 DEFINITION PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(e) and menner se stated.								
מ	296. SIGNATURE AND TITLE OF CERTIFIER	Who le	/		29c. LICENSE NUI	MBER	29d. DATE SIGNE	O (Month, Day, Year)	
	Juny &	mary	(my)		V29	16,1	14-5	7-1	
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  TO Spanish 8418 BAA BIVE Pasadana, MD 2112								
	31. OATE FILED (Morth, Day, Year) SEP 2 3 1991	THE DAMES SIGNA	m-handell					7	
- 1	1 OFL 7 0 1221	1/ 2.22 2.20							

3. TIME OF DEATH

REG. NO.

2. DATE OF DEATH

1 - FOR STATE REGISTRAR

1. DECEOENT'S NAME (First, Middle, Last)

ATHORING

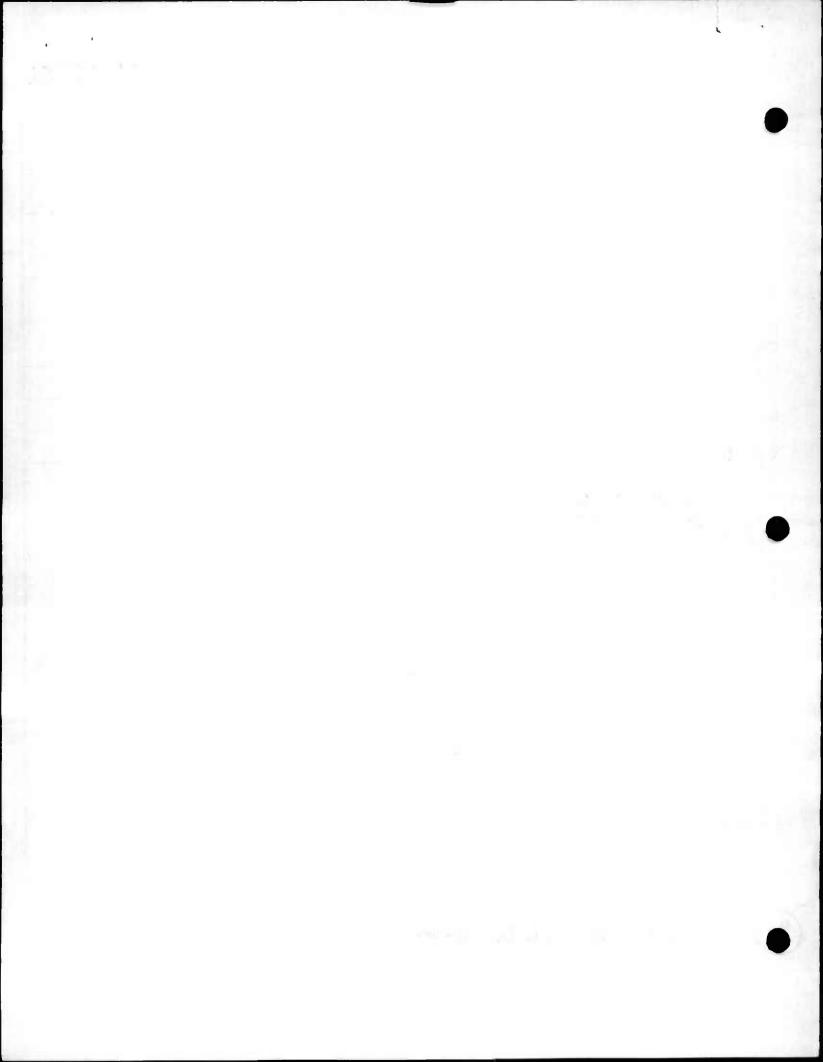
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6:45 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 214-01-3211 78 YRS. 1 M 2 MF 02,01,1 Maryland permit. Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH SC COUNTY OF DEATH DIRECTOR Harbor Hospital Center Baltimore Balitmore RESIDENCE OF DECEDENT 10h. COUNTY 10c, CITY, TOWN OR LOCATION IOd. INSIDE CITY Maryland Baltimore Catonsville 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 711 Academy Road 21228 USA retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yes, specify Cuben, Mexican, Puerto Rican, etc.)
 U YES 2 NO Specify: 14. RACE — American Indian, Bleck, White, atc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced Specify. White 15. DECEDENT'S EOUCATION ED 18a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INQUISTRY (Specify only highe COMPLET detached for Elementary/Secondary (0-12) College (1-4 or 5+) housewife own home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 2 Ħ Joseph Lang Elizabeth Geier notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Sandra Blake 1820 Woodside Avenue Halethorpe, Maryland 21227 executed within 24 hours after death. Page 6 may be be 20e. METHOO OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must 1 N Buriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) director. metery, cremetory or other piece; Holy Cross Cemetery 9/24/91 Balitmore City, Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY the funeral Ambrose Funeral Home, Inc. 1328 Sulphur Spring Road 21227 been signed by the attending physician and completely filled in by the st. of Health and Mental Hygiene prior to burial, cremation, or removal. medical 23. PART I. Enter the diseasee, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or reepiratory arrest, Approximate shock, or haert fellure. List only one ceuse on each line. Interval Batwean IMMEDIATE CAUSE (Final Onset and Daath the disease or condition resulting in death) 50P515 event, DUE TO (OR AS A CONSEQUENCE OF): CONGOTTION BANK FAILURE traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Enter UNDERLYING 8 UNINVARY TRACT death certificate CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST 10 injury, PART II. Other algnificent conditions contributing to deeth but not reculting in the underlying cause given in Pert I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS that shows any ANDONIA, CHRUNC OBSTRUCTIVE PURSONANY DIJETTE AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO requires 1 TYES 2 NO PHYSICIAN: has be Dept. A.P. 23 25. WAS CASE REFERRED TO MEDICAL certificate ha 26. PLACE OF DEATH (Check only one) item HOSPITAL:
1 | Impatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 10 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF this c 28c. INJURY AT WORK? marked, 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1/ Natural BY 1 YES 2 NO After 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Sulcide 28 is 8 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) OR ATTEND DIRECTOR: / 4 Homicide determined FUNERAL DIRECT within 72 hours a COMPLET 29a. CERTIFIER (Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the beals of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) (Luci organs) and 9-21-91 140 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HANTOR 3001 S. (ANOWA ST. BALTIMONE 19 21230 SEP 2 3 1991 Julia Davidson-Randall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

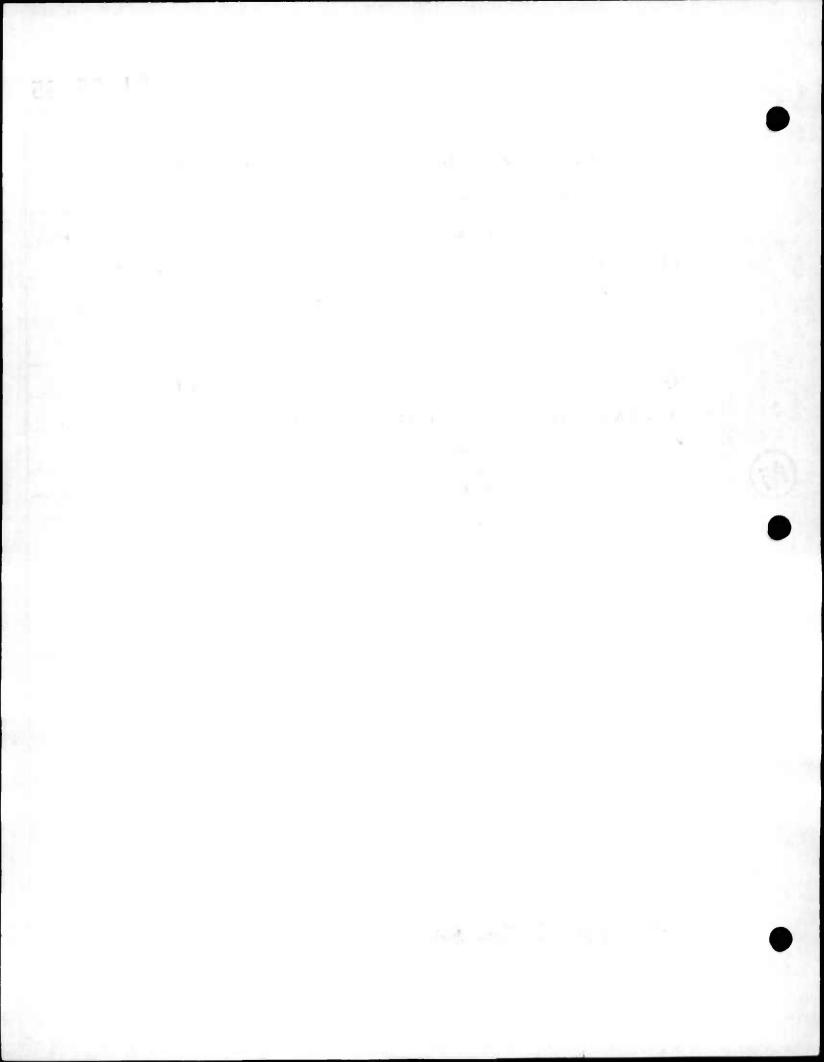
UTARA



BALTMORE, MARYLAND 21215-0020	hours after the proof is may be retained by the hospital or attending physicled in by the	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. The may be retained by the hospital or attending physician and completely filled in by the companiest of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

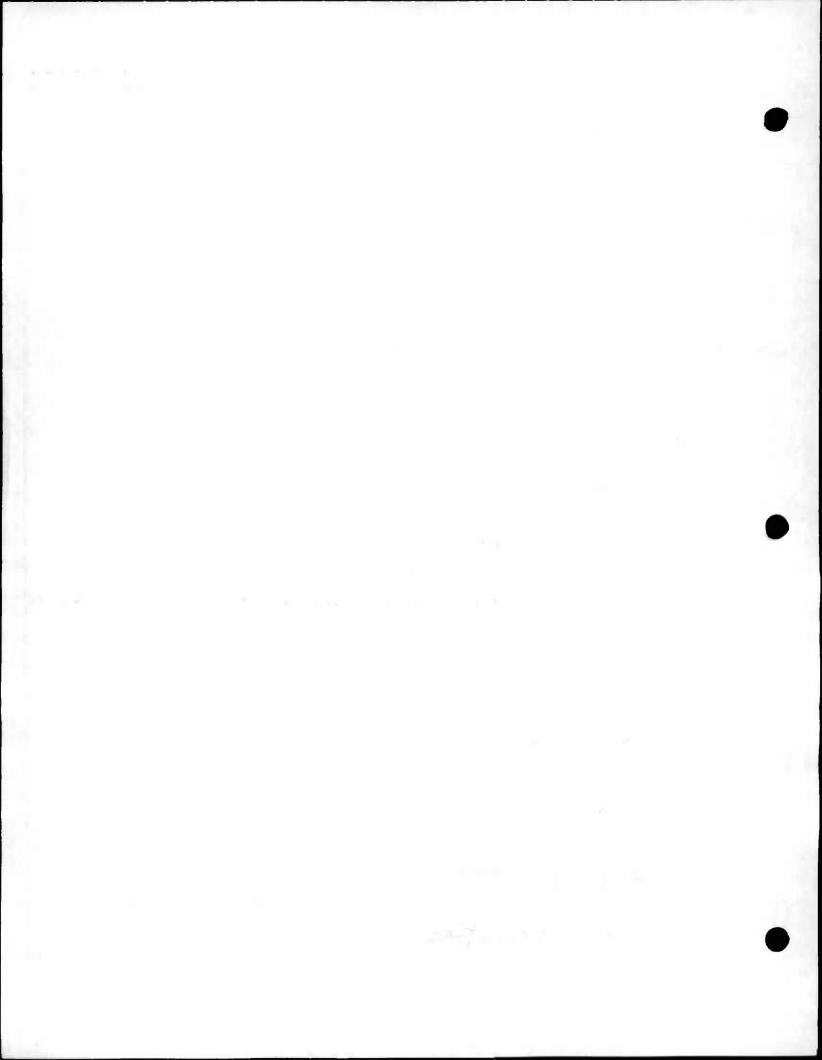
If may be retained by the hospital or attending physician.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTI	MENT OF HEALTH AND ME CATE OF DEATH	ENTAL HYGIENE REG. NO.	91 25865		
	1. DECEDENT'S NAME (First, Middle, Last) Cecelia Emma VOGEL			DATE OF OEATH MONTH eptember DAY 22, 1	3. TIME OF DEATH 10:16P M		
		1 M 2 10 F 86 YRS.			BIRTHPLACE (State or Foreign Country)		
TOR	PRANKLIN SQU RESIDENCE OF DECEDENT	ARE HOSP.	b. CITY, TOWN OR LOCATION OF DEATI	1	ty of OEATH imore County		
DIRECTOR		LTIMORE 10c. CITY, 1	TOWN OR LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	1915 TYLER	RD.	101. ZIP COOE 2122	2 10g. CITIZ	EN OF WHAT COUNTRY?		
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPANIC If yes, specify Cuban, Maxican, F 1 YES 2 NO Specify:	ORIGIN? (Specify Yea or No— luarto Rican, etc.)	14. RACE — American Indian, Black, White, atc. Specify: WHITE		
COMPLETED	15. DECEDENT'S EQUI (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +) (Give kind of world life. Do NOT use in	UAL OCCUPATION It done during most of working stired.)  EWIFE	16b. KIND OF BUSINESS/INDU			
BE COM	17. FATHER'S NAME (First, Middle, Last) GERHARD	GALSTER		(First, Middle, Malden Surname)			
TO B	19a. INFORMANT'S NAME (Type/Print) ROLAND VO	OGEL 196. MAILING AD 1915	TYLER RD.	BALT MD	21222		
	20e. METHOD OF DISPOSITION 1   Buriel 2   Cremation 3   Remo 4   Denetion 5   Other (Specify)	HOLY REDE		DATE 20c. LOCATION - CO			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Cott Convelly  22. NAME AND ADDRESS OF FACILITY FUNERAL HOME OF DUNDALK 7110 SOLLERS Pt. RD. BALT MD 21222						
CERTIFICATION	23. PART t. Enter the diseases, or c shock, or heart failure. I iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	Ruptured Abdominal DUE TO (OR AS A CONSEQUENCE OF): DISSEMINATED IN TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO NOT TO N	Aortic Aneurysm eding		at, Approximate interval Between Onset and Death		
₹ I	PART II. Other significant conditions Cardiac Arrest	contributing to death but not resulting in t	he underlying cause given in Par	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO		
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2X NO  28. PLACE OF DEATH (Check only one)  OTHER:  4 Nursing Home 5 Residence 6 Other (Specify)						
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OI INJURY	28c, INJURY AT 28c	1. DESCRIBE HOW INJURY OCCU	RED		
					Rurel Route Number,		
COMPLETED	29a. CERTIFIER (Check only one)  29a. CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated.  29a. CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated.						
#H	296. SIGNASUME AND TITLE OF CERTIFIER	life m	29c. UCENSE NUMBER				
Fady Kadifa, MD9000 Franklin Square Drive Baltimore, Mary land 21237							
	31. SEP (2""3" 1991	32. REGISTRAR'S SIGNATURE					



60, BALTIMORE, MARYLAND 21215-0020	PPPSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	r this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	vent, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cor- be filed within 72 hours after death with the State Dept, of Heath and Mental Hyglene prior to burial,	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First, Middle, Lest) BETTY B. VASBY							2. DATE OF DEATH MONTH D	AY Z I	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le		F UNDER 1 YE	ARI SYS	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)		8. BIRTH	IPLACE (State or Foreign
	217-24-9594	1 M 2 F	63	YRS.	14			04/18/28	_		West VA.
OR	CHURCH HOSPITA	L CORPO	RATION		BA	T.	IMORE,	"CITY	9c. COUN	NTY OF D	EATH
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUN	ſΥ		10c. CIT	Y, TOWN OR L	DCAT	ION		10d, INSIDE CITY		
		ltimore									LIMITS?
FUNERAL	1944 Maxwell	Avenue		101. ZIP CODE 21222					10g. CITIZEN OF WHAT COUNTRY? USA		
BY FU	11. MARITAL STATUS  1 Never Merried 2 Married  3 Wildowed 4 Divorced	PMED ∰O	ED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yee, specify Cuban, Maxican, Puerto Rican, etc.)  1  YES 1 NO Specify:					14. RACE Black Speci			
	15. DECEDENT'S ED	UCATION	18s. D	ECEDENT'S	USUAL OCCU	PATIO	N	16b. KIND OF BU	SINESS/IND	USTRY	white
COMPLETED	Elementary/Secondary (0-12)	(Specify only highest grade completed) (Give I					t of working	own 1	nome		
BE CON	17. FATNER'S NAME (First, Middle, List)	anson Ha	atfield					ME (First, Middle, Maiden Lma Vaugh			
0 B	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (St)	eet ar	nd Number or Rural I	Route Number, City or Tow	n, State, Zip	Code)	
-	Ray Vasby, Sr.					_		nue Balt	_		21222
	200. METNOD OF DISPOSITION  1 Buriel 2 Cremation 3 Ren  4 Donation 6 Other (Specify)	noval from State	cemetery cri	matory or o	of DISPOSITIO	4		DATE 20c. LO			
	Oaklawn Cemetery 9/25 Balto County  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Bradley—Ashton Funeral Home										
	1 Tutas	Day.			21	34	Willow	v Spring	Rd		222
	23. PART I. Enter the diseases, or shock, or heert failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	Liet only one ceu	ee on each line						ratory erre	eet,	Approximate Interval Bstween Onsst and Death
NO	disease or condition resulting in deeth)  B. WYO CARDIAL INFARCTION  DUE TO (OR AS A CONSEQUENCE OF):  PULMONARY HYPERTENSION  DUE TO (OR AS A CONSEQUENCE OF):  PULMONARY HYPERTENSION  DUE TO (OR AS A CONSEQUENCE OF):  PULMONARY LOSS EMBOLUS  PULMONARY LOSS EMBOLUS										
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	7 L	lotter Emisolus					48 HRS			
CERTI	thet initiated eventa DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST										
	PART II. Other algnificant condition	ns contributing to	death but not i	reaulting	In the under	ying	ceuse given in			24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
4: MEDICAL	PERFORMED?									COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				5. PL/	CE OF DEATH (Che	ock only one)			
IYSI	1 YES 2 NO  27. MANNER OF DEATN	1 Inpetient 2				_		6 Other (Specify)			
ВУ РЬ	1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, De	ny, Yoar)		M 1	WOR YI	RY AT IK? ES 2 NO	28d. DESCRIBE NOW I	NJURY OCC	URED	
ETED	3 Suicide 6 Could not be determined	28e, PLACE Of building,	F INJURY — At ho atc. (Specify)	me, farm, i	street, factory,	office		261. LOCATION (Street a City or Town, Stete)	and Number (	or Rural A	oute Number,
COMPLET	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINITY	ICIAN: To the best of ER: On the bests of ex	my knowledge, de samination and/or	ath occurre	ed at the time, on, in my opinic	date a	and place, and due	to the cause(a) and mer	ner se atale d due to the	d. cause(s)	and menner as stated.
BE	29b. SIGNATURE AND TITLE OF TERTIFIE	~ ~	80				D 36		29d. DATE	ca 3	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH (ITE	M 27) (Type,	Print)	dw		ltimore,	СНан		
	31. DATE FILED (Month, Day, Year)	dia January	Rande BL	0			,			, = a.	
	OFL 80 1221 1	a contract to the	1								



and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be burial, cremation, or removal.

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760,	ed within 24	ompletely fill	al. cremation.	event, the	
30 X 68	te be execut	ysician and o	prior to buri	traumatic	
P.O.	eath certifica	attending phy	ntal Hygiene	y, or other	
CORDS	res that the d	igned by the	ealth and Me	s any Injur	
AL RE	The law requir	e has been s	te Dept. of Hi	m 23 show	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	PHYSICIAN:	this certifical	with the Sta	rked, or Ite	
NOISIN	ATTENDING	ECTOR: After	s after death	n 28 is ma	
2	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fille	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the	
	THE !	THE I	be filed v	IMPORT	

91 25867 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last, 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH 9-20-YEAR DELSON DARNELL I (NMI) 2245 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 10 - 20 - 53 IF UNDER 1 YEAR IF LINDER 24 HRS 8. BIRTHPLACE (State or Foreign Country) 216-58-1881 37 DAYS HOURS YRS. MD 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH UNIVERSITY HOSPITAL DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD BALTIMORE 1 X YES 2 NO BY FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5306 READY AVE. 21212 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 □ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried If yes, specify Cuban, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: 3 Widowed 4 Divorced Specify: BLACK COMPLETED 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) CONSTRUCTION WORKER 12TH 17. FATHER'S NAME (First, Middle, Last) IB. MOTHER'S NAME (First, Middle, Maiden Sumame)
DOROTHY M. HARLEY OTIS WILSON BE 19e. INFORMANT'S NAME (Type/Print) 19th MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
5306 READY AVE./BALTIMORE, MD 21212 DOROTHY WILSON 20s. METHOD OF DISPOSITION

1 Disposition | State | Disposition | Removal from State | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE CROWNS VILLE CEMETERY CROWNSVILLE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY lvin L.a elleans WM.C.MARCH F.H./1101 E.NORTH AVE. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haart failure. List only one cause on each ilna intarval Bstween **IMMEDIATE CAUSE (Final** Oneat and Dasth disease or condition resulting in desth) END STAGE DehyprATION 01445 DUE TO (OR AS A CONSEQUENCE OF): CUETAL END STAGE ALDS BACTERENCIA CERTIFICATION YEATS Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, lasding to immediate ceuse. Enter UNDERLYING CULTRE WIDYATton CANDIDA CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evanta resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE END STAGE RENAL DISCASE 1 TES 2 NO OF DEATH? CANDIDAL ESUPHASILIS 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Vinpetiant 2 - ER/Outpetiant 3 - DOA OTHER: 1 YES 2 NO 4 ☐ Nursing Homa 5 ☐ Rasidence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) ETED. 6 Could not be 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 4 Homicide COMPL 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner ee stated.

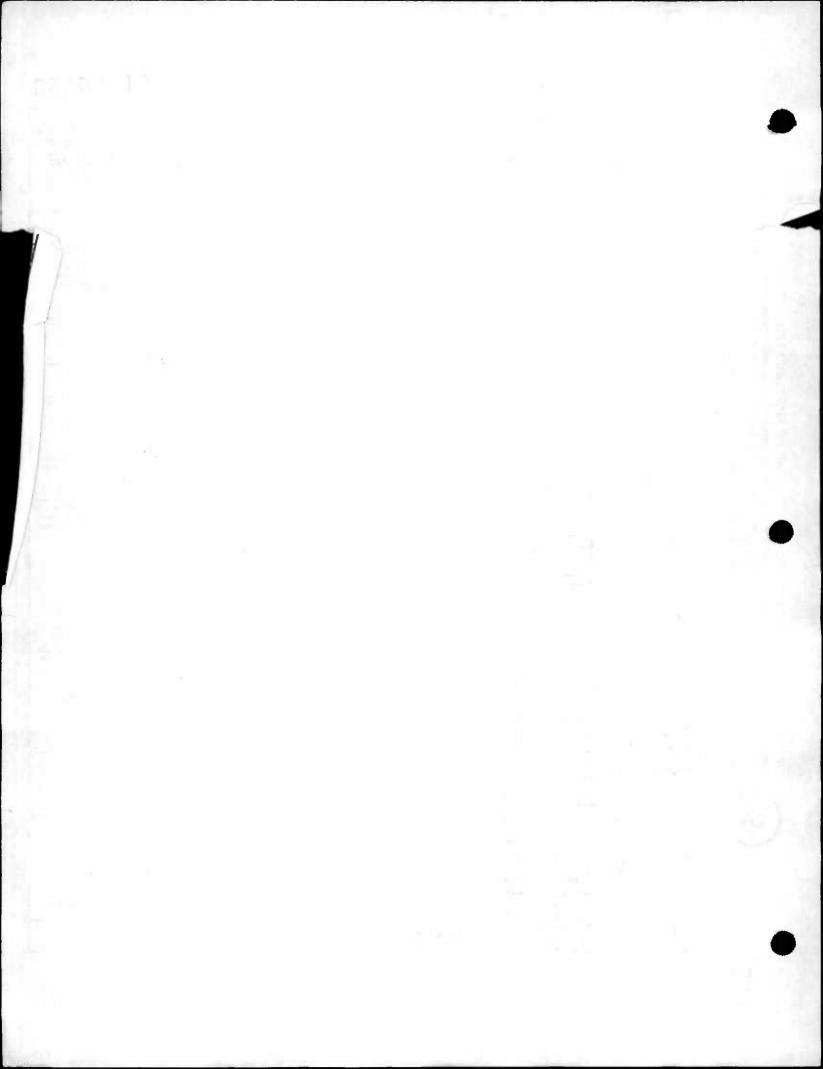
MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end pieca, and due to the cause(e) and menner ea stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 9.21.91 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Si Greene MATGLAND Mercal Uvio. 31. DATE FILED (Month, Day, Year) Davidson -Mandelle



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	Pages 1, 2, 3 should		
INSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	in certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	lyglene prior to burial, cremation, or removal.	then, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
E ATTENDING PHYSICIAN: The law requires that the death of	RECTURE THE PART CONTINUES has been signed by the attend	The state Dept. of Health and Mental H	an 201s marked, or Item 23 shows any injury, or
TO THE HOSPIAL (	TO THE FUNE M.	be filed within 2 hi	IMPORTANT: IN

1 - STATE REGISTRAR	STATE OF MARYLANI		RTMENT OF		MENTAL HYG		91 2586	
1. DECEDENT'S NAME (First, Middle, Lest)	SHIRLEY			DEATH	2. DATE OF OEAT	Н	3. TIME OF DEATH	
213-72-5167	DM 2 XF 35	s. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		56	BIRTHPLACE (State or Foreign Country) BALT/MORE	
9a. FACILITY NAME (If not institution, give stree Stella Maris Hosp		- 4	96. CITY, TOWN	OR LOCATION OF D	EATH	Balt:	y of oeath imore	
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  MARYLAND			TY, TOWN OR LOCALTIMORE				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
10e. STREET AND NUMBER				f. ZIP CODE			N OF WHAT COUNTRY?	
5929 BELL_GROVE RC  11. MARITAL STATUS 1	JAJJ ,  2. WAS DECEDENT EVER IN U.S FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATES	ZNO	If yes, s		NIC ORIGIN? (Specifien, Puerto Ricen, ato		1. RACE — American Indian, Black, White, etc. Specify: BLACK	
15. DECEDENT'S EDUCAT (Specify only highest grade co-		e. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPAT work done during m se retired.)	ON ost of working		F BUSINESS/INDUS	DR NURSING HO	
17. FATHER'S NAME (First, Middle, Last) BOBBY GUEST					AME (First, Middle, Mi	elden Surname) EST		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	3 ADDRESS (Street	SHIR and Number or Rural	Route Number, City of		ode)	
ERIC ADAMS							MARYLAND 2122	
20e. METHOD OF DISPOSITION  1	al from State 20b. PL	SOUR IC	E OLOISPOSITIO Elace) EMET	ERY	9/25/91	ELKRIDE ELKRIDE	ty or Town, Stata	
21. SIGNATURE/OF FUNERAL SERVICE LICEN		P	ESTER	ND ADDRESS OF FA	S FUNERA	L HOME,		
Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	) SEC	OFFI:	eciso d	Pron	u)		
PART II. Other significent conditions	contributing to deeth but r	not resulting	In the underlyi	ng ceuse given in	PE	AS AN AUTOPSY IRFORMED? ES 2 NO	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C	heck only one)			
1 YES 2 NO 1  27. MANNER OF DEATH  1 Natural 5 Pending	HOSPITAL:	26b. TII	ME OF 28c. II	me 5 Residence JURY AT ORK? YES 2 NO	S Other (Specify 28d. DESCRIBE I	HOSDIC		
2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY — building, atc. (Specify)	At home, farm,	street, factory, off	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
	AN: To the best of my knowledg							
29b. SIGNATURE AND TITLE OF CERTIFIER	1. alexa		eup	29c. LICENSE NO D 27		29d. DATE	SIGNED (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON WHO Carla S. Alexande	er, M.D Ste	ella M		pice-Dul	aney Val	ley Rd	Towson 21204	
31. OATE FILED (MONTH) DON (1997)	32. REGISTRAR'S SIGNATU	ndell						



BALTIMORE, MARYLAND 21215-0020

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THE INSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

and the state of the state of allerioung priyated.	director, page 5 should be detached for use as the hunal-transit parmit Pages 4		er must be notified at once.
T	by the funeral	removal.	dicai examin
	pletely filled in	remation, or	ent, the me
	ician and com	ior to burial, c	raumatic ev
	ttending physi	tal Hygiene pr	tem 28 Is marked, or item 23 shows any injury, or other tra
	and by the a	alth and Mem	any injury
	has been si	e Dept. of He	m 23 show
	his certificati	er death with the Stat	ced, or ite
	TOR: After ti	after death v	28 is mari
	ERAL DIREC	in 72 hours	T: If item
-	BEER PLAN	in flag with	MPORTAN

			91-548	6-51	0					Q	1 25000
	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR	TMEN	T OF I	HEALTH A	ND M	IENTAL HYGIE	NE	1 25869
	1. DECEOENT'S NAME (First, Middle, Last)								2. DATE OF DEATH MONTH	DAY	3. TIME OF OEATH
	MICHAEL  4. SOCIAL SECURITY NUMBER	J.			KEF				09 20	19	91 9:20P M
	219-32-2897	1 <u>y</u> [XM 2 □ F	6. AGE (In yrs. las	YRS.	MONTHS	DAYS	HOURS 1	MRS.	7. OATE OF BIRTH (Month, Day, Year) APR. 16,	8. BIFTHPLACE (State or Foreign Country)	
l "	9a. FACILITY NAME (If not institution, give s	street and number)			9b. CIT	Y, TOWN	OR LOCATION	OF OEA	тн	9c. COUN	TY OF DEATH
DIRECTOR	SINAI H	OSPITAL				BAL	TIMOF	RE C	CITY		
E	10a. STATE 10b. COUNTY	γ		10c. CITY	r, TOWN	OR LOCA	TION				10d. INSIDE CITY
ā	MD.					BALT	[IMORE	CIT	ΓY	LIMITS?	
AL AL	10e. STREET AND NUMBER					10	f. ZIP COOE			10g. CITIZ	EN OF WHAT COUNTRY?
FUNERAL	3723 WEST COLDSPR	RING LANE					21215			US	SA.
15	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR		13	WAS DEC	ENDENT OF	HISPANIC	ORIGIN? (Specify Y		14. RACE — American Indian, Black, White, etc.
1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 VES 2 X NO Specify: Specify:											
H	(Specify only highest grade	completed)	(G	CEDENT'S Ive kind of w	USUAL (	during mo	ON ost of working		16b. KINO OF BU	ISINESS/INDO	JSTRY
P	Elementary/Secondary (0-12)	College (1-4 or 5	,	ESSER		,					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18 MOTHES	D'C NAME	E (Fine Asidus Asidus	0	
19a INFORMANT'S NAME (Krouthins)										Conde	
5	JAMES W. HILL		3	723 W	. C(	OLDSI	PRING	LANI	E, BALTO.	MD.	21215
20a. METHOD OF DISPOSITION  1											
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE \	0		_			OF FACIL	HTY ID FIIN	EDAT 1	HOME, P.A.
	► ( \XP\)(	mo ()	· Han	1							223 P.O. BOX 4433
	23. PART I. Enter the diseasea, or o	omplications the	coused the de	eth Do o							
	anoun, or meet tellule.	Liet only one ceu	se on each line		ot ente	i the mo	de or dying	, such a	as cardiec or reep	iratory arre	at, Approximate Intervel Between
	IMMEDIATE CAUSE (Finel disease or condition	TATT	V 1181	-V							Onset and Death
	resulting in death)		OR AS A CONSEC	_	١.						
2	_	CIL		SLCO	, .	CIA					
ERTIFICATION	Sequentially list conditions, if any, leading to immediate		OR AS A CONSEC			300	-				
8	cause. Enter UNDERLYING CAUSE (Disease or Injury	<b>c</b> .									į
띨	that initiated events	DUE TO	OR AS A CONSEC	DUENCE OF	):						
E	resulting in death) LAST	J									
C	PART II. Other significent conditions	s contributing to	death but not r	esultina ir	. the	nderlyle		I- D-			
MEDICAL	111		accin but not n	eoditing ii	r the u	ilderlying	cause give	en in Pe	PERFO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
									_ 1 YES	NO 🗌	OF DEATH?
									- / /		1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL										
SC	EXAMINER? XXVES 2 \( \) NO	HOSPITAL:	Vana		OTHE	R:	ACE OF DEAT			-	
PHYSICIAN:	27. MANNER OF DEATH	28a. OATE OF		28b. TIME	_	28c. INJ		7	Other (Specify)		
	1 Netural 5 Pending	(Month, Da	ry, Year)	INJU	IRY M	WO	RK?		8d. DESCRIBE HOW	NJURY OCCU	IRED
Э ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF	INJURY — At hor	ne, term, st	reat, tac		_		81. LOCATION (Street	and Number o	Cont Day of March
COMPLETED	4 Homicide detarmined	building,	ntc. (Specify)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			City or Town, Status	and Number of	r Hural Houte Number,
APL	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, des	nth occurred	et the t	lme, data	and place, an	d due to	the cause(s) and ma	nner as stated	1.
Ö	One) XX MEDICAL EXAMINER	R: On the basis of ax	amination and/or is	nvestigation	, in my o	opinion, de	eath occured a	et the tim	ne, deta and placa, ar	d dus to the	cause(s) and manner as stated.
ш	296. SIGNATURE AND TUTLE OF CENTRAL	1.( h	. ()			T	29c. LICENSI	E NUMBE	ER .		
										2 1 99 1	

PENN STREET

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21201

BALTIMORE, MARYLAND

MARIO F.

31. DATE FILEO (Morrith,

SEP 24

GOLLE,

1991

JR.

BOX 68760,
P.O.
RECORDS,
OF VITAL
DIVISION

BALTIMORE, MARYLAND 21215-0020

THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the functal director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR	STATE OF MADY AND A DECEMBER OF		912	5871
STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.		
DECEDENT'S NAME (First, Middle, Last)	and total	2. DATE OF DEATH MONTH_ DAY	YEAR	3. TIME OF DE

	1 - STATE REGISTRAR		MARYLAND /	DEPAI ERTIF	TMEN	T OF H	EALTH DEAT	AND	MENT	AL HYGIE REG. N			
1	1. DECEDENT'S NAME (First, Middle, Last) WILLIAM	BOUL	WARE						2. DAT MON	E OF DEATH	DAY	797	3. TIME OF DEATH  3: 25 Am
	4. SOCIAL SECURITY NUMBER 217-14-6644 9n. FACILITY NAME (II not institution, give	5. SEX	6. AGE (In yrs. les	t birthday) YRS.	MONTHS	DAYS	IF UNDER	MIN.	06-	OF BIRTH th, Day, Year)		COLU	MBIA, SC.
DIRECTOR	SINAL HOSP, OF	NAI HOSP, OF BALTIMORE BALTIMORE											EATH
	mo B	10b. COUNTY BALTIMORE BALTIMORE D NUMBER  10c. CITY, TOWN OR LOCATION BALTIMORE 10t. ZIP CODE											10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	1720 N. SMALLWOOD ST.							16			10g. CITI2	IS A	HAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Olivorced	13.	WAS DECE If yes, spe 1 YES	icity Cube	n, Mexico	ın, Puerlo	IN? (Specity You Rican, etc.)	e or No—	14. RACE Black, Specifi	- American Indian, White, etc.			
COMPLETED	15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12)		+) (Gi	ve kind of Do NOT u	work done se retired.)		at of working	ng		BAT TO			POLIS R.R.
	17. FATHER'S NAME (First, Middle, Last)	4 22 22	I TRA	ACK_R	EPAI	RMAN		HER'S NA		Middle, Maide		ANNA	POLIS R.R.
TO BE	CHARLEY BOULW	ARE	196	. MAILING	ADDRES	S (Street an	nd Number	or Rural	Route Nun	nber, City or To	wn, State, Zip	Code)	
	TERRI BROWN 200. METHOD OF DISPOSITION							T V		Y, MAR		_	
	20b. PLACE AND DATE OF DISPOSITION 1 V Burlet 2 Cremetton 3 CREMENTO OF DISPOSITION (Name of cometary, crematory or other place) 4 One One of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the place of the pl												
	Charle	ae B	On	_	19	OSEPH 13 W.	H H. BALT	BRO IMORE	WN J	BALTO.	MD. 212	223 P.	P.A. O. BOX 4433
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiretory arrest, ehock, or heart failure. Liet only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition recuiting in death)  BUE TO (OR AS A CONSEQUENCE OF):  Approximate interval Between Onset and Death  Approximate interval Between Onset and Death  Approximate interval Between Onset and Death  Approximate interval Between Onset and Death  Approximate interval Between Onset and Death  Approximate interval Between Onset and Death  Approximate interval Between Onset and Death  Approximate interval Between Onset and Death  Approximate interval Between Onset and Death  Approximate interval Between Onset and Death  Approximate interval Between Onset and Death  Approximate interval Between Onset and Death  Approximate interval Between Onset and Death  Approximate interval Between Onset and Death  Approximate interval Between Onset and Death  Approximate interval Between Onset and Death  Approximate interval Between Onset and Death  Approximate interval Between Onset and Death  Approximate interval Between Onset and Death  Approximate interval Between Onset and Death  Approximate interval Between Onset and Death  Approximate interval Between Onset and Death  Approximate interval Between Onset and Death  Approximate interval Between Onset and Death  Approximate interval Between Onset and Death  Approximate interval Between Onset and Death  Approximate interval Between Onset and Death  Approximate interval Between Onset and Death  Approximate interval Between Onset and Death  Approximate interval Between Onset and Death  Approximate interval Between Onset and Death  Approximate interval Between Onset and Death  Approximate interval Between Onset and Death  Approximate interval Between Onset and Death  Approximate interval Between Onset and Death  Approximate interval Between Onset and Death  Approximate interval Between Onset and Death  Approximate interval Between Onset and Deat												
ATION	Sequentially list conditions, I RESPIRATORY FAILURE  Due TO (OR AS A CONSEQUENCE OF):  L RESPIRATORY FAILURE  L 212hrs												
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury thet Initiated events resulting in death) LAST  C. CAROSA C ARREST  DUE TO (OR AS A CONSEQUENCE OF):  d.												
MEDICAL	PART II. Other significent conditions contributing to deeth but not recuiting in the underlying ceuse given in Part I.  24e. WAS AN AUTOPSY PERFORMED?  1 TYES 2 NO  24b. WERE AUTOPSY AVAILABLE PRICOMPLETION DID DE DEATH?										WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PLA	CE OF DE	EATH (Ch	eck only o	ne)			
HASI	1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2   28a. DATE OF	ER/Outpatient 3			sing Home		eldence					
BY PI	1 Natural 5 Pending Investigation	(Month, De		28b. TIMI		28c. INJUI WOR 1 YE	RY AT IK? ES 2 [	NO NO	28d. DE:	SCRIBE HOW	INJURY OCCL	JRED	
	3 Suicide 8 Could not be determined	28e. PLACE Of building,	F INJURY — At hon idc. (Specify)	ne, farm, s	treet, fect	lory, office			28f. LOC City	ATION (Street or Town, State	end Number o	r Rural Ro	ute Number,
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYINO PHYSI 2 MEDICAL EXAMINE	ICIAN: To the best of ex	my knowledge, dea semination end/or in	th occurre	d at the ti	lme, date e	and place,	and dua	to the cer	use(e) end me end place, ar	nner as stated	d. cause(a)	end menner ee stated.
TO BE (	29b. SIGNATURE AND TITLE OF CERTIFIES MIGORIANOLU	ichem	M.O.			29c. LICENSE NUMBER					29d. DATE SIGNED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHE	LUCHEW				NTE	RNAL	- W	En	ane,	Sinth	Un	KID .
	31. DATE FILED (Month. Day. Year) SEP 24 199	1 Filia Day	A'S SIGNATURE	2	3,000	A I per	43/13		~ 01		ואיווכ		1

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospiral common of physician.	hours after death. Page 6 may be retained by the hospitation of physician.
TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached in many in the fundal-transit permit.	ed in by the funeral director, page 5 should be detached to up the burial-transit permit
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

	1. DECEDENT'S NAME (First, I	Middle, Last)		41						2. DATE (	OF DEATH	v 3.4	WEAR	3. TIME OF DEATH	
l	James		Black	well						MONTH	9 0	20	97	8:15 PM	
	4. SOCIAL SECURITY NUMBER 219-07-23		8. SEX	6. AGE (In yrs. 74		IF UNDER	DAYS	#F UNDE HOURS	R 24 HRS. MIN.	7. DATE O (Month,	F BIRTH Day Year 129//	7	8. BIRTH Country	PLACE (State or Foreign	
											ITY OF D	EATH			
DIRECTOR	LOCH RAVEN	VE	TRAWS A	ffair H	OSP	1	ALT	1 Mo	RE	CITY					
2	RESIDENCE OF DECEDENT													10d. INSIDE CITY	
	Mo				BALTIMORE					1 X YES				1 YES 2 NO	
FUNERAL		1046 Old North Point Rd						_	21224			10g. CITI	10g. CITIZEN OF WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced						If yes, sp	pecify Cub	DF HISPAI an, Maxica Specif	n, Puerto R	(Specify Yes lean, etc.)	Yea or No- 14. RACE — American Indian, Black, White, etc.  Specify: Black			
유	15. DECE (Specify only	DENT'S EDU	16a.	DECEDENT'S				ina	18b.	KIND OF BU	SINESS/INO				
COMPLETED	Elementery/Secondary (0-1	-	College (1-4 or 5	+)	llfa. Do NOT i	(Give kind of work done during most of working life. Do NOT use retired.)					EAD'S	DRU	JG S	TORE	
BE CO	17. FATHER'S NAME (First, Middle, Lest)  18. MOTHER'S NAME (First, M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. C. M. D. D. C. M. D. D. C. M. D. C. M. D. D. C. M. D. D. C. M. D. D. C. M. D. D. D. C. M. D. D. C. M. D. D. D. D. C. M. D. D. D. D. D. D.										Sumame)				
TO B	FRANCES MON										or, City or Tow			21218	
	20a. METHOD OF DISPOSITIO	3 🗆 Rem	oval from State	20h PLA	CE ANO OAT	E OF DISE	POSITION	/Name		OATE	200 10	CATION -	City or To	wn State	
	1 M Buriel 2 Cremetion 3 Removal from State 4 Donation 8 Dother (Specify) GARRISON FOREST VA CEM. OWINGS MILLS, MD  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY												LO, ND		
	WM.C.MARCH F.H./1101 E. NORTH AVE.  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximate														
	23. PART I. Enter the dis shock, or he	easea, or c art failure.	complications the	it caused the use on each li	death. Do	not enter	r the me	ode of d	ying, suc	ch aa card	lac or resp	iretory sm	rest,	Approximate interval Between	
	IMMEDIATE CAUSE (Final disease or condition presulting in death)		. (2-	lie-	Ar	re s	-							Onset and Death	
	DUE TO (OR AS A CONSEQUENCE OF):														
TION	Sequentially list conditions, if any, leading to immediate    Respirator Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Arrest   Ar														
CERTIFICATION	cause. Enter UNDERLYIN CAUSE (Disease or Injur that initiated events	y <b>\</b>	C												
ER	resulting in deeth) LAST														
	PART II. Other algolitican	or algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WE										WERE AUTOPSY FINDINGS			
EDICAL								PERFOI		320	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
MED														OF DEATH?  1 YES 2 NO	
777															
SICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			ОТНЕ		LACE OF	DEATH (C	heck only on	)				
YSI	1 NES 2 NO		1 Nopetient 2		_	4 🗆 Nu	raing Hor		Rasidenca	6 🗆 Other					
ву РНУ		Pending Investigation		Day, Year)		ME OF		JURY AT ORK? YES 2	C NO	28d. OE\$	CRIBE HOW	NJURY OC	CURED		
	3 Sulcide 8 C	Could not be	28s. PLACE ( building	OF INJURY At, etc. (Specify)	home, farm,	street, fac	ctory, offi	Ca		281. LOCA City of	ATION (Street or Town, State)	and Number	or Rural I	Route Number,	
COMPLETE			ICIAN: To the best o											a) and menner as stated.	
BE CO	29 SIGNATURE AND TITLE		R		PGY-			_	CENSE NU					(Month, Day, Year)	
10	80 NAME AND ADDRESS OF	PERSON WI		ISE OF DEATH (	TEM 273 / Ton	o Orient)			T	11.	~ 1		211		
=	31. DATE FILED (Month, Day, Y			AR'S SIGNATUR	E >	. 0		~	1>	214	1				
		SEP	24 1991	gulia	Lavidso	n-Par	dell	,			, ms.				

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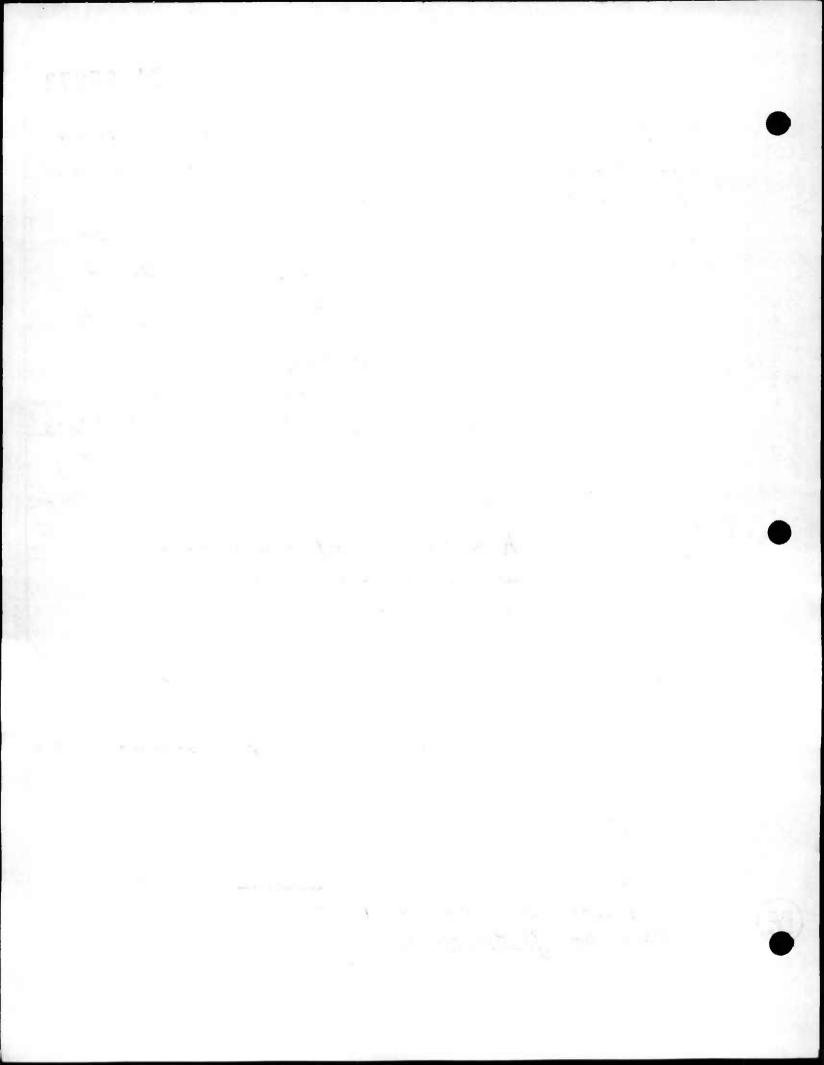
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DIVISION OF VITAL RECORDS, P.O. BOX	
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	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPA	RTMENT OF HEALTH AND FICATE OF DEATH	IND MENTAL HYGIENE H REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)	Ra		2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH						
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthday	) IF UNDER 1 YEAR IF UNDER 24 HRS.	9-21-9	10:30 P					
	219-30-8576 SALENCILITY NAME (If not Institution, give	1 DM 2 PT 80 YRS.	MONTHS DAYS HOURS MIN.	5-29-11	6. BIRTHPLACE (State or Foreign Country)  MAYYAND					
TOR	MCRCY RESIDENCE OF DECEDEN	Sp.	96. CITY, TOWN OR LOCATION OF	dit	TY OF DEATH					
DIRECTOR	100. STATE 106. COUNTY	10c. C	BALLINORE	——————————————————————————————————————	10d. INSIDE CITY LIMITS?  1 YES 2 NO					
FUNERAL	100. STREET AND NUMBER	ford Ave.	101. ZIP CODE 2/2/	10g. CITIZ	EN OF WHAT COUNTRY?					
BY FUN	11. MARITAL STATUS  1 Prever Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☐ NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 NO Specify	an, Puerto Hicen, etc.)	14. RACE — American Indian, Black, White, etc. Specify					
ED	15. DECEDENT'S EDUC (Specify only highest grade		S USUAL OCCUPATION I work done during most of working	18b. KIND OF BUSINESS/INDU	BIACK					
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	nemaker							
BE CC	wohn BR	our	18. MOTHER'S N	AME (First, Middle, Maiden Sugname)	Tes					
TO B	MR FORTUNE	BROWN 20	G ADDRESS (Street and Number of Rura	Route Number, City or Town, State, Zip C	End. 2115.3					
	20e. METHOD OF DISPOSITION  1 Pairiel 2 Cremetion 3 Remit  4 Donation 5 Other (Specify)	oval from Stata 20b. PLACE AND DATI	EOF DISPOSITION (Name of other place)	DATE 20c. LOCATION - CO	lty or Town, State					
	21. SIGNATURE OF FUNERAL SERVICE LIC	PILLA	22. NAME AND ADDRESS OF F	ess Funera	Will Charles					
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. Liet only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition )									
CATION	DUE TO (OR AS A CONSEQUENCE OF):									
ATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury cause. Enter Underlying Cause (Disease or injury cause.)									
CERTIFICATION	CAUSE (Disesse or injury that initiated events resulting in deeth) LAST	Denen ha	oscular circa Pr:	26						
CAL CE	PART II. Other significent conditions	contributing to deeth but not resulting	in the underlying ceuse given in		24b. WERE AUTOPSY FINDINGS					
MEDI	Deubitus ula	car of sound au	red and	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
SICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF OEATH (C)							
PHYS	1 VES 2 NO  27. MANNER OF DEATH	1 Inpetient 2 ER/Outpetient 3 DOA  28a. DATE OF INJURY (Month, Dey, Year)  28b. Till	4 - Nursing Home 5 - Residence	6 Other (Specify) EX Mer 26d. DESCRIBE HOW INJURY OCCU						
D BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — At home, farm, building, etc. (Specify)	M 1 YES 2 NO	261. LOCATION (Street and Number or Rural Route Number,						
LETE	4 Homicide determined			City of Town, State)						
O BE COMPLETED BY PHYSICIAN: MEDIC	(Check only one) 2 MEDICAL EXAMINER	IAN: To the best of my knowledge, death occur : On the basis of examination and/or investigati	ed at the time, date end place, and due on, in my opinion, death occured at the	to the cause(e) and manner as stated time, date and place, end due to the	ceuse(s) end manner ae etated.					
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUI		SIGNED (Month, Day, Year)					
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEM 27) (Type								
	SEP 2 / 1001	22. REGISTRAR'S SIGNATURE								



BALLIMONE, MARYLAND	burs after death. Page 6 may be retained by the hos	y imed in by the funeral director, page 5 should be detache stion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death centificate be executed within burs after death. Page 6 may be retained by the hos-	TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and competerly inhed in by the funeral director, page 5 should be detacht be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MA		MENT OF HEALTH ANI ATE OF DEATH	D MENTAL HYGIENI REG. NO.	E 21 200/3					
	1. DECEDENT'S NAME (First, Middle, Last)  LUCILLE M. BrA	MAH		2. DATE OF DEATH MONTH DA SEPT 24	Y 1991 6:45 AM					
	217 34 4124 A ¹□M²⊠F	88 YAS.	UNDER 1 YEAR IF UNDER 24 HR INTHS DAYS HOURS MIN	(Month, Day, Year) 7-4-1903	8. BIRTHPLACE (State or Foreign Country) South Carolin					
OR	9a. FACILITY NAME (If not institution, give etreet and number)  Maryland Manor Nursing I		Glen Burnie	F DEATH	90. COUNTY OF DEATH  Anne Arundel					
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		OWN OR LOCATION		10d. INSIDE CITY LIMITS?					
	Maryland Anne Arundel 10. STREET AND NUMBER	Bal.	timore 101. ZIP CODE		1 ☐ YES 2 ☑ NO  10g. CITIZEN OF WHAT COUNTRY?					
BY FUNERAL	304 − 17th Avenue  11. Marrital status  1 □ Never Married  2 □ Married  3 ☑ Widowed 4 □ Divorced  1 □ Very Married  3 ☑ Widowed 4 □ Divorced	YES 2 NO	21225  13. WAS DECENDENT OF HIS If yes, specify Cuben, Ma 1  YES 2 NO Sp	PANIC ORIGIN? (Specify Year vicen, Puerto Rican, etc.)	Black, White, etc. Specify:					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  Cottege (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work iffe. Do NOT use in	done during most of working etired.)	16b. KIND OF BUS	White					
	17. FATHER'S NAME (First, Middle, Last)  John W. Rus		18. MOTHER'S	NAME (First, Middle, Maiden	Surname)					
TO BE	190. INFORMANT'S NAME (Type/Print) Etta Branham	19b. MAILING AD	ODRESS (Street and Number or Ru 17th Avenue	ral Route Number, City or Town	11					
В	20c. METHOD OF DISPOSITION  1½ Burlet 2 □ Cremetion 3 □ Removal from State  4□ Denetion 5 □ Other (Specify)									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	irouski	George J. G		L Home P.A.					
	23. PART I. Enter the diseases, or communitions that canock, or heart failure. It only one cause IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	eueed the desth. Do not on each line.	enter the mode of dylng,	and a cardiac or reepl	Approximate Interval Between Onset and Death					
CERTIFICATION	Sequentielly list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	R AS A CONSEQUENCE OF):	du co	ronauft	arten chies an					
MEDICAL CER	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO									
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
Y PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending  Amount Month, Day,	P/Outpatient 3 DOA 4  JURY 28b, TIME 6	Nursing Home 5 Realder  DF 28c. INJURY AT	28d. DESCRIBE HOW INJURY OCCURED						
TED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined  28s. PLACE OF to building, etc.	end Number or Rural Route Number,								
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my one) 2 MEDICAL EXAMINER: On the best of exam									
O BE C	29h. SIGNMURE AND TITLE OF CERTIFIER	nileh, r	1)) 29c, LICENSE	NUMBER LO	29d. DATE SIGNED (Month, DA), Year)					
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH STEM OF STEEL	1-41	4						



31. DATE FILED (Month, Day, 16a) SEP 2.4. 1991

32. REGISTRAR'S SIGNATURE
Julia Savidson-Randelle

61 -13

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BALTIMORE, MARYLAND 21216

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CERTIFICA	ATE OF DEATH	REG.	NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	. 0			2. DATE OF DEAT	Н	3. TIME OF DEATN			
	H7320L	r. 1200m	1		SZPT	: 22 199	AR			
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday) IF	MOER I YEAR IF UNDER 24 HRS	/A4	8.9	BIRTHPLACE (State or Foreign			
	214039897	12 M 2 D F 7	YRS.	THS DAYS HOURS MIN	FEBA	- 10 1	PARVIAGO			
	9e. FACILITY NAME (If not institution, give	A .		CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY				
5	2307 LOVER	50 BRIDG	2 GARTH	CARNEY		BAI	Timore			
2	RESIDENCE OF DECEDENT  100. STATE  10b. COUNT	TY	10c CITY TO	WN OR LOCATION						
DIRECTOR	MARYLAND BA	11-man	N				10d. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER	7111 1016		ARASY 101, ZIP CODE			1 TES 2 14 NO			
ER/	2307 Pairs	RED BRIDG	SI GARTI	0.12.2	1.	10g. CITIZEN	OF WHAT COUNTRY?			
FUNERAL	11. MARITAL STATUS			13. WAS DECENDENT OF NIS	PANIC OBIGINS (Basel	- Vian 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	3. 17.			
	1 Never Married 2 Merried	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, specify Cuben, Max	cican, Puarto Ricen, etc	(a)	RACE — American Indian, Black, White, etc.			
0	3 Widowed 4 Divorced	W. WI		TES 2 PELHO Spi	эспу:		Specify:			
	15. DECEDENT'S EDI (Specify only highest grad	JCATION 8 completed	160. DECEDENT'S USU	AL OCCUPATION done during most of working	16b. KIND OF	BUSINESS/INDUST	RY			
	Elementary/Secondary (0-12)	College (1-4 or 5+)	ide. Do NOT use reti	red.)		)	,			
COMP	12 yrs.		1 IACH	10251	BLA	ck+D:	CKER C			
3	17. FATNER'S NAME (First, Middle, Last)			18. MOTHER'S	NAME (First, Middle, Me	iden Surname)				
BE	1773881 1	200W		LA	URA	TRACS	Y			
0	19e. INFORMANT'S NAME (Type/Print)		196. MAILING ADD	RESS (Street and Number or Rui	rel Route Number, City or	Town, Stete, Zip God	0)			
-	FAMILY K	2 COROS	SA	me As F	BOVS					
	20e. METNOD OF DISPOSITION  1, Burial 2 Cremetion 3 Ren	20t	. PLACE AND DATE OF DE	SPOSITION (Name of	DATE 200	LOCATION - City	or Town, State			
	4 Oonetlon 5 Other (Specify)	T	netery, cremetory of other p	ROVS	9-35	Cocksy.	on selive			
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME AND ADDRESS OF	FACILITY	= Mam	Pics			
	EVANS CHAPEL OF IZITIORIS									
	23. PART I. Enter the diseases, or shock or heart fellure	2 Name /	10-1-0-5	8800 HAI	K1080 1	(0A0-1	ARKVILLE			
	shock, or haart failure.	List only one cause on e	ech line.	nter the mode of dying, a	uch as cerdiac or n	eapiratory arreet,	Approximate interval Betw			
	IMMEDIATE CAUSE (Finel disease or condition	17.111	1 Col 1 A 27	/			Onsat and D			
ŀ	resulting in death)	a. EXIH	CONSEQUENCE OF:	UN .			3 70%			
		DUE TO (OR AS A	CONSEQUENCE OF):	01.000 1/1						
	Sequentially list conditions,	b. BLEEVI	CONSEQUENCE OF	PHACEAL VA	CICES					
4	If any, leading to immediate cause. Enter UNDERLYING	C100	MOSIS OF	Liven			3 YEAR			
	CAUSE (Disease or injury that initiated events	C. DUE TO (OR AS A	CONSEQUENCE OF:	LIVER			> CEAR			
RTIFICATION	resulting in death) LAST						i			
B		d								
占	PART II. Other significant condition	na contributing to death b	ut not reaulting in the	underlying couse given		S AN AUTOPSY	24b. WERE AUTOPSY FINDI			
EDICAL		NID	DM			FORMED?	AVAILABLE PRIOR TO COMPLETION DF CAUS			
ME					-   '   '	3 276 110	OF DEATH?			
-							1 TES 2 NO			
¥	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (	Check only one)					
PHYSICIAN:	EXAMINER?  1 TYES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outp		HER:						
	27. MANNER OF DEATN	28e. DATE OF INJURY	28b. TIME OF	Nursing Nome 5% Raeldenc 28c. INJURY AT	1	W INJURY OCCURE				
2 2	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK?	and Describe NO	W INJUNY OCCURE				
- 1	2 Accident Investigation 3 Suicide	28e. PLACE OF INJURY	- At home, farm, street		201 1 OCATION (C)		15			
3	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Ro City or Town, State)									
	290. CERTIFIER									
₽ P	(Check only CERTIFYING PHYS	ICIAN: To the best of my know	ledge, death occurred at t	he time, date end place, and d	ue to the ceuse(e) end	menner ea stated.				
COMPLET	2 MEDICAL EXAMINE	ER: On the basis of examination	n end/or investigation, in	my opinion, death occured at 1	he time, date and place	, end due to the ceu	se(e) end manner ee state			
BE (	29b. SIGNATURE AND TITLE OF CERTIFIE	R \4 0/		29c, LICENSE N	UMBER	29d. DATE SIG	NED (Month, Day, Year)			
	Vlangle	L Homes	ale my	· D-12	991	> 7 5	07 24 190			
임	30. NAME AND ADDRESS OF PERSON WN	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print)			(32)	1. 977.1			
	OR DONALD	Slimmer	Vills	500 VIRE	FINIE F	100	25.25			
	31. DATE FILED (Month, Day Year)	12 REGISTRAR'S SIGN	ATURE	SOO VIIN	July 6	1/2.	U0000			
	SEP 24	1991 guna	Nevason-Agn	all .						
	19 4			and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s						

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the cont

	1. DECEDENT'S NAME (First, Middle, Last)	2. DAT MON	2. DATE OF DEATH DAY OF YEAR 3.			S. TIME OF DEATH					
	241-16-2564	1 M 2 🗆 F	AGE (In yrs. les	YRS. MONTH			IN. O	E OF BIRTH rith, Day, Year)		BIRTHPI Country)	LACE (State or Foreign
TOR	96. FACILITY NAME (It not institution give street and number)  96. CITY, TOWN OR LOCATION OF DEATH  96. COUNTY OF DEATH  96. COUNTY OF DEATH  PASIDENCE OF DECEMENT										
RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY  10c. CITY, TOWN OR L  10c. CITY, TOWN OR L  10c. CITY, TOWN OR L					N OR LOCAT	ion nove		0			10d. INSIDE CITY LIMITS! 1 PES 2 NO
FUNERAL	104. STREPT AND NUMBER  544/Belle Vista Ave. 21206 10g. CITIZEN OF WHAT COUNTRY?										
ВУ	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 VES VES VES VES VES VES VES VES VES VES										
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	(G	ECEDENT'S USUAL Sirve kind of work do b. Do NOT use retire	ne during mo:	ON st of working	16	8b. KIND OF BU	SINESS/INDUS	TRY	
	17. FATHER'S NAME (First, Middle, Last)	Coope	0			18. MOTHER	S NAME (First	t, Middle, Maider	Surname)		
TO BE	Mrs. Bellie	Cooper	19	POS W	ESS (Street a	nd Number or F	Rural Route Nu	mber, City or The	/	2 (de)	1223
	20a. METHOD OF DISPOSITION 1 Provided 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	coval from State	20b. PLACE	OF DISPOSITION	Mame of cen	2 PAN	y or	20c. LC	PLO - CH	y or Town	n, State Cmc/.
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			SOS CO	D ADDRESS O	USS 1155	Ans	BALLO	Ho.	me
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  a. Ca of Proface C Melaslage  Due To (QN A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other eignificent condition	na contributing to d	eath but not	resulting in the	underlying	g cause give	n in Part I.	24e, WAS AN PERFO 1 YES	RMED?		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	FB/Outpatient 3		IER:	ACE OF DEATI					
BY PHY	27. MAINNETH OF DEATH  1 Metured S Pending Investigation	28s. DATE OF IN (Month, Dec	LIURY	265. TIME OF SHURRY	28c. INJ WO	O 5 Realds UNY AT PIKO FES 2 NO	38d. O	ESCRIBE HOW	INJURY OCCU	HED	
0	3 Suickde 6 Could not be 4 Homicide determined	28s. PLACE OF building, st	MJURY — At hi n. (Specify)	ome, farm, street,	lactory, office	•	285. LC	OCATION (Street by or River, State	and Number or	Plumid Plan	sulle Mumber
COMPLET	Check only a MEDICAL EXAMIN	ICIAM: To the beet of m ER: On the basis of exa									and manner us stated.
TO BE C	296. SIGNATURE AND TILLE OF COMPINE	y/rateu	DMG	2		290, LICENS	020	3/	29d. CATE 6	-2	North, Day, Hear)
	30. NAME AND ADDRESS OF PERSON WITH ALT - BAY KI	ALER 12. REGISTRAN	CIMI	P S	31 Pg	plas	95	ove s	St. E	Bat.	. Md-2121
	SEP 24 1991 4	1. 20			- /		/				



	500					25876
	1 - STATE OF MARY	LAND / DEPARTI CERTIFIC	MENT OF HEALTH AN EATE OF DEATH	D MENTAL HYGI REG.		
	1. DECEDENT'S NAME (First, Middle, Last)	PIE	MENTO	2. DATE OF DEATH	941 0	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AG	E (In yrs. last birthday)	FUNDER 1 YEAR   IF UNDER 24 HI	s. 7. DATE OF BIRTH	8 7	6, BIRTHPLACE (State or Foreign
	299-16-6682 1)CM 2 G F	67 YRS.	NTHE DAYS HOURS MI	(Month, Day, Year	2-23	Kentucky
DIRECTOR	Horbor Hospital Cen		BAHA	City		TY OF DEATH
띭	10a. STATE 10b. COUNTY		TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
5	Maryland =====	Ba1	timore			1 X YES 2 NO
1AL	10e. STREET AND NUMBER		10f. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?
FUNERAL	3701 Everett Street		21225		_	S.A.
E	11. MARITAL STATUS  1 □ Never Married 2 ☒ Married  12. WAS DECEDENT EVER FORCES? 1 ☒ YE	S 2 NO	13. WAS DECENDENT OF HI If yes, specify Cuban, Ma	xican, Puarto Rican, atc.	Yaa or No	14. RACE — American Indian, Black, Whita, etc.
BY	IF YES, GIVE WAR OR	II & Kore		pecify:		Specify: White
0	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US		16b. KIND OF	BUSINESS/IND	
	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use i	etired.)			
COMPLET		Chemica	1 Operator	F.M.		
	17. FATHER'S NAME (First, Middle, Last)			NAME (First, Middle, Ma		
띪	Robert A. Cl		DORESS (Street and Number or F	ella Cleme		Codel
임	Joetta Clements		Everett Stree			aryland 21225
	20a. METHOD OF DISPOSITION	Ob. PLACE OF DISPOSIT	ION (Name of cemetery, cremator)			City or Town, State
	1 😾 Burlal 2 🗆 Cremation 3 🗆 Removal from State 4 🗀 Donation 5 🗆 Other (Specify)	other place) Md. State	Veterans Ceme	tery C	ownsvi	lle, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1	22. NAME AND ADDRESS O	F FACILITY		-
	* Klanne JM Zosani	1 sunhi	George J. (			
	23. PART I. Enter the disesses, or complications that caus	sed the deeth. Do not	anter the mode of dying,	auch as cardiac or r	espiratory sm	eat, Approximata
	shock, or heart fallure Life only one sause on IMMEDIATE CAUSE (Finel	esch lina.				Interval Between Onset and Death
	disease or condition reaulting in deeth)	sis)				
		A CONSEQUENCE OF):	dominal	01.	)	
No	Sequentially list conditions, b. DIE TO (OR A)	B A CONSEQUENCE OF):	dominal	ausce	2	
AT.	If any, leading to immediate cause. Enter UNDERLYING	A CONSCOUENCE OF).				Ì
임	CAUSE (Disease or Injury C.	S A CONSEQUENCE OF):				•
CERTIFICATION	resulting in deeth) LAST					
2	PART II. Other significent conditions contributing to deet	but not resulting in	the underlying ceuse give	In Part I. 24a, WA	S AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
S	PART II. Other eignificent conditions contributing to deeth	111		PE	FORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICA				'X''	S 2   NO	OF DEATH?
2						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEAT	(Check only one)		
Sic	1 YES 2 NO HOSPITAL:		OTHER:  Nursing Home 5 Asside	nca 8 - Other (Specify		
H	27. MANNER OF DEATH  28a. DATE OF INJUR (Month, Day, Yea	Y 28b. TIME	RY WORK?	26d. OEŞCRIBE H	OW INJURY OCC	CURED
B	2 Accident Investigation		M 1 YES 2 NO			
G	3 Suicide 6 Could not be building, etc. (S	IRY — At home, farm, str pec/fy)	eet, ractory, ornce	City or Yown,	reer and Number Itate)	or Rural Route Number,
COMPLETED	29a. CERTIFIER A CERTIFYING DAYSICIAN: To the heat of my long	ominadas destresses d			ing and the second	
MP	One)  2 CERTIFYING PHYSICIAN: To the best of my kn					
	29b. SIGNATURE AND TITLE OF CENTIFIER		29c. LICENSI			E SIONED (Month, Pay, Year)
8	1 quilland	WA	ZPU. LICENSI	+ + + + + + + + + + + + + + + + + +	<b>&gt;</b> 0	7-14-91
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, F	rint)	/ -		

SEP 24 1991

Julia Savidson-Randell

	FOR 1 - STATE REGISTRAR	STATE OF M	ARYLAND /	DEPAR ERTIF	TMENT O	F HEALI	H AND	MENTAL HYGIEN		25877
	1. DECEDENT'S NAME (First, Middle, Last)	Bernette		Cheat				9 1	19 1	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212-42-8601	1 🗆 M 2 💢 F	6. AGE (In yrs. less	st birthday) YRS.	IF UNDER 1 YE	EAR IF UN	IDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 3-28-19	944	s. BIRTHPLACE (State or Foreign Country) Md
_	9a. FACILITY NAME (If not institution, give st						CATION OF DE			TY OF DEATN
0	Se RESIDENCE OF DECEDENT	<u>eton Nursi</u>	ing Home	е	В	altime	ore			
DIRECTOR	10a. STATE Md 10b. COUNTY	,		10c. CITY	y, jowy on L altiim	ocation Ore				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER					10f, ZIP Co	ODE		T 10a. CITIZ	1 X YES 2 NO
ER	3205 Grayson St	treet					216		US	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT	YES 2XXN	MED	If ye	DECENDEN	IT OF HISPAN	NIC ORIGIN? (Specify Year, Puerto Rican, atc.)		14. RACE — American Indian, Black, White, etc.
	3 Widowed 4XX Divorced	7.0					ю орган,	, 		Black
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	Cation completed) College (1-4 or 5+)	(Gh	ECEDENT'S ( alve kind of w b. Do NOT use	USUAL OCCU work done during to retired.)	PATION ig most of wo	vrking	16b. KIND OF BU	ISINESS/INDU	JSTRY
NO.	17. FATNER'S NAME (First, Middle, Last)					18. W	OTNER'S NA	AME (First, Middle, Maiden	- Sumama)	
BE C	Claude Brown	1						Gough	1 Surranne;	
9	19a. INFORMANT'S NAME (Type/Print)		198	b. MAILING	ADDRESS (St			Route Number, City or Tox	wn, State, Zip (	Code)
-	<u>Antoinette Chea</u>	tham		320	05 Gra	yson	Stree	t Baltimo	ore, M	ld 21216
	20a, METHOD OF DISPOSITION  1 X Burlei 2 Cremation 3 Remo 4 Donation 5 Other (Specify)		20b. PLACE A cemetery, cre Ar	matory or oth	of disposition (ther place)  Memorial	N(Name of rial	Park	92591 Ar		Aty or Town, State
	21. SIGNATURE OF FUNDINAL SERVICE LIC	ENSEE	m)		22. NAN	March	F/H	West		,
$\vdash$	23 DAUT I Fotor the diseases Dr.	1000	10			4300		sh Avenue		
	23. PART i. Enter the dieaesea, or c shock, or heert feilure. I iMMEDIATE CAUSE (Finel disease or condition	List Dnly Dne cause	e on each line.	eth. Do no	ot enter tha	mode of o	Jying, auct	h sa cerdiac or resp	iratory srre	Approximate interval Between Onset end Daath
	resulting in death)		OR AS A CONSEO							
Z	Sequentially list conditions, b. DECUBITUS ULEERS									
E	if any, laeding to immediate cause. Enter UNDERLYING	DUE TO (C	OR AS A CONSEO	OUENCE OF	7:					
윤	CAUSE (Disease or injury that initiated eventa	OUE TO (	OR AS A CONSEO	DUENCE OF						
CERTIFICATION	resulting in deeth) LAST	d		OLINOL O.,	):					
-	PART ii. Other eignificent conditions	a contributing to d	leeth but not re	eşuiting ir	n the under	iying ceus	e given in	Pert i. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICA	MACI	NUTRI	TION					PERFOR	RMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE
ME										OF DEATH?
ä										
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	8. PLACE OF	F DEATN (Che	ack only one)		
HYS	1 YES 2 WHO 27. MANNER OF DEATN	1 Inpatient 2 E			4 Nursing			6 Other (Specify)		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	y, Year)	INJU	M 1	WORK?		28d. DEŞCRIBE NOW I	NJURY OCCU	JRED
8	3 Suicide 6 Could not be determined	28e. PLACE OF I building, at	INJURY — At hon tc. (Specify)	ne, ferm, st	reet, factory,	office		281. LOCATION (Street a City or Town, State)	and Number of	r Rural Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSIC (Check only one) 2 MEDICAL EXAMINER	CIAN: To the best of m	ny knowledge, der	ath occurrer	d at the time,	date and pla	ice, and dua	to the cause(a) and mar	nner en stated	d. cause(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER		1	New Year	, in my opinion					
TO BE	Link	backer	evo	net	a u	29c. L	3/	90.5	29d, DATE	SIGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  AMBACHEN WORLTH 2431 MARKY (AND) AVE BALTO DEF									

P 32: REGISTRAR'S SIGNATURE

TECT 11

dienige.

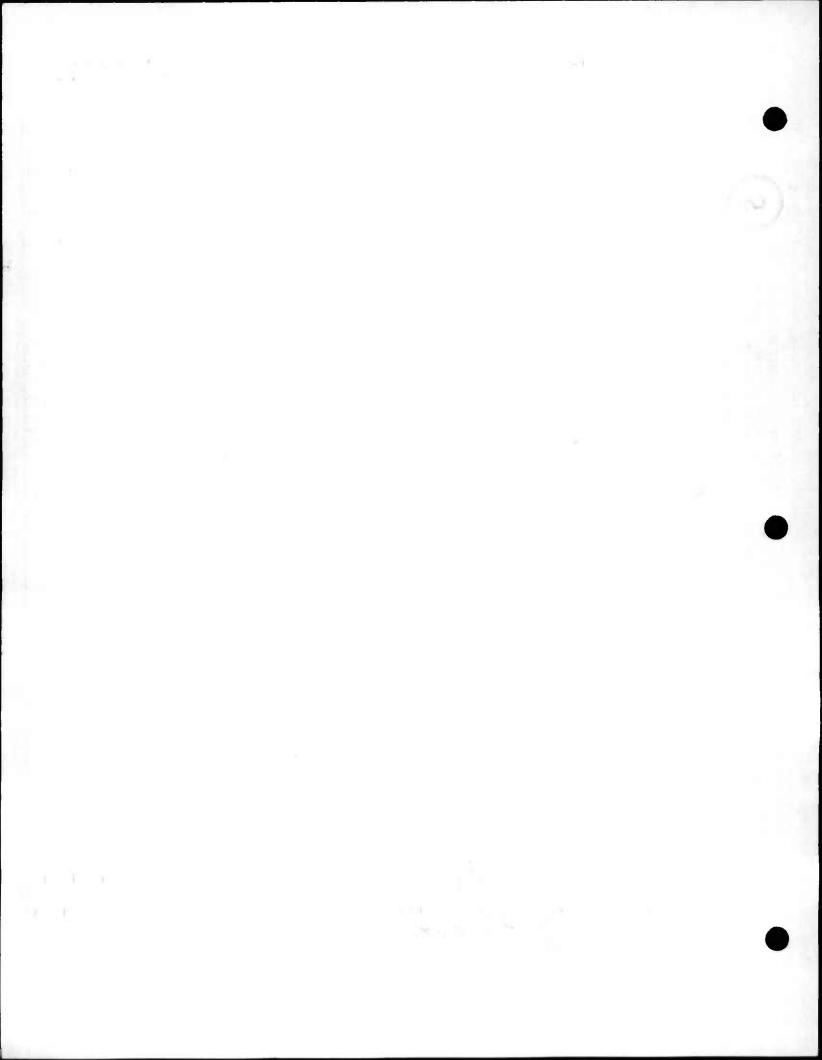
DHMH-16 Rev 1/89

	1 - FOR STATE OF MARYLAN STATE OF MARYLAN		TMENT OF CATE OF			MENTAL HYGIENI REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)  JAMES CLARK					2. DATE OF DEATH MONTH DA	Q JYE	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In y	rrs. last birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	6. 1	BIRTHPLACE (State or Foreign Country)		
	9a. FACILITY NAME (If not institution, give street and number)	YRS.	9b. CITY, TOWN	OR LOCATI	ON OF DE	Month, Day, Year) 3	9c. COUNTY	OF DEATH		
TOR	HOWARD COUNTY CHERAL HOSTI	TAL	COLUM	BIA,	MO.		HOW,	ALP		
DIRECTOR	106. COUNTY		, TOWN OR LOC					10d. INSIDE CITY		
	10e. STREET AND NUMBER	DA	LTIMO	of. ZIP COD			10g. CITIZEN	1 N YES 2 □ NO OF WHAT COUNTRY?		
FUNERAL	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.	C 4544F0		212		10.001011011011111111111111111111111111		U.S.A		
B		2 NO	If yea, s		in, Maxicar	IC ORIGIN? (Specify Yea 1, Puerto Rican, atc.)	or No.— 14,	RACE — American Indian, Black, Whita, etc. Specify: Bladk		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	Give kind of w Me. Do NOT use	rork done durina n	TON nost of worki	ng	16b. KIND OF BUS	INESS/INDUST	RY		
BE CON	17. FATHER'S NAME (First, Middle, Least). Clark, Sr			18 MOT	HER'S NAI	ME (First, Middle, Malden	Sumame)			
TO E	19a, INFORMANT'S NAME (Type/Print)  Pearl Clark	255	6 OS	vego	Au	e Balto	n, State, Zip Co.	21215		
	20a. METHOD OF DISPOSITION  1 METHOD OF DISPOSITION  20b. PI  4 Donstion 5 Orgener (Specify)	ther place)	Atum	Star	natory of	24 Cu7	CATION - City	or Town, Stata		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE COUNTY	U	lau	AND ADDRE	130 SS OF FACE	West	b Sire			
- HILL HILL HILL HILL HILL HILL HILL HIL	23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, ehock, or heart fellure. List only one couse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (or as a consequence of):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  d.									
CAL	PART II. Other significant conditions contributing to death but Psychiatric US order type	_		ng cause	given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE		
N: MED							E	1 TYES 2 THO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMPLER? HOSPITAL:		OTHER:			eck only one)				
PHYS	1 UYES 2 NO 1 inpetient 2 ER/Outpett	26b, TIM	E OF   28c. II	MURY AT WORK?	esidence	6 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCUR	IED ~		
BY	2 Accident investigation		~ M 1 □	YES 2 [	_ NO	284. LOCATION (Street	and Number or	Rural Routs Number		
ETED	4 Homicide determined building, atc. (Specify)	3 Suicide 6 Could not be determined 28a. PLACE OF INJURY — At home, ferm, streat, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number of Rural Route Number, City or Town, State)								
OMPL	CONTROL OF THE CERTIFYING PHYSICIAN: To the best of my knowled one!  SEDICAL EXAMINER: On the basis of examination a							ause(s) and manner as stated.		
D BE	290. MONATURE NO TITLE OF CENTIFIEN DOT HO	myy	Evely	29c. LIC	31	40ER	29d, DATE 8	IGNEO (Month, Day, Year)		
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	H (ITEM 27) (Type,	. 1. 1.	20 14	Car.	Ella Hr	ite 1	21047		
	31. DATE FILED (Magnin, Day, 1907) 32. REGISTRAN'S SIGNATI		- CA			- 101 001 0	17 2			

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache the filled within 72 hours after death with the State Debt, of Health and Mental Hydielle prior to bind, cremation or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	e retained	5 shoule	notified
•	6 may b	ctor, page	nust be
	ath. Page	neral dire	miner r
	after dea	by the fu	ical exa
	24 hours	filled in	the med
	ed within	ompletely is	event,
	be execut	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fut to filled within 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burial cremation or removal	aumatic
	certificate	ling physic	other tr
	he death	the attend Mental H	njury, or
	res that t	igned by ealth and	rs any i
	law requi	s been s	23 show
	AN: The	tificate ha	r item
	PHYSICI	r this cert	arked, o
	TENOING	TOR: Afte	28 is m
	AL OR AT	AL DIRECT	If Item
	E HOSPIT	E FUNERA d within 7	RTANT
	5 F	TO THE	IMPO

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND REGISTRAR CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
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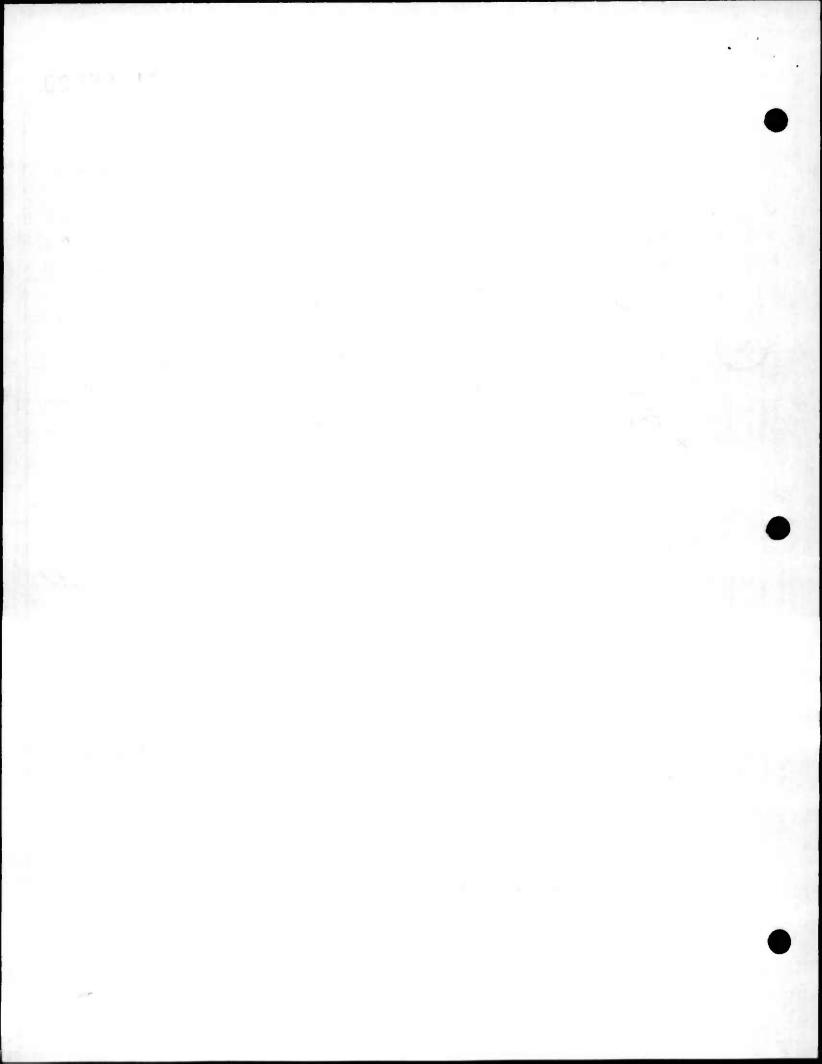
	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	TMENT O	F HEALTH AND OF DEATH	MENTAL	HYGIEN REG. NO.	E				
1	1. DECEDENT'S NAME (First, Middle, Last)  JACK	R.		HESKE	v	MONTH	OF DEATH DA		EAR	E OF DEATH		
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YE		SEP!		,1991		24 P M		
P	192-12-4464	1∑ M 2 □ F	67 YRS.		YS HOURS MIN.	(Alonth	Day Money			LVANIA		
	9a. FACILITY NAME (If not institution, give s	9b. CITY, TOWN OR LOCATION OF DEATH							9c. COUNTY OF DEATH			
DIRECTOR	CALVERT MEI	MEMORIAL HOSPITAL CHESAPEARE CITY CALVERT										
₹C	10s. STATE 10b. COUNTY	1	10c. CfT	Y, TOWN OR L	OCATION				104. 8	ISIDE CITY		
	PA.	CAMBRIA		EBEI	NSBERG				L	MITS? YES 2 NO		
FUNERAL	100. STREET AND NUMBER  RD. 3			10t, ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?						
INE	RD. 3	10 1410 000000000		931	5.A.							
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT, EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	It ye	TES 2 NO Specific No.	can. Puerto Ri	IC ORIGIN? (Specify Yea or No					
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S	USUAL OCCU	PATION g most of working	16b.	KIND OF BUS	INESS/INDUS	TRY			
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	se retired.)	•							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		CONSTE	RUCTIO				EMPLO	YED			
BEC	CARL F. CHESK	KEY			18. MOTHER'S N							
10 8	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (St	eet and Number or Rura				de)			
	ROBINSON-LYRLE	INC.	36 N	ORTH	7th. ST.	, IND	IANA,	PA.	15701			
	20a. METHOD OF DISPOSITION 1	oval from State Col	b. PLACE AND DATE ( metery, crematory or o	ther niecel		DATE		CATION — City		in .		
	21. SIGNATURE OF FUNERAL SERVICE LIC		REENWOO	D CEM	ETERY E AND ADDRESS OF F	9-9		DIANA	, PA.			
	P. S. Rut	To			E AND ADDRESS OF F							
	23. PART i. Enter the diseases, Dr c	omplications that cause	d the deeth. Do n	ot enter the	RY W. JI	ch aa cerdii	S ANI	etory arrest	2.BAT	TO, MD.		
	ahock, or heert failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Drawning i	with com a consequence of	table	ing Arterior				i	nterval Between		
CERTIFICATION	Sequentletly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	if any, leading to immediate										
SERTIFI	that initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE OF	7):								
CAL	PART II. Other significent conditions	contributing to deeth i	but not resulting i	n the under	ying cause given ir	Pert i.	24a. WAS AN A			NUTOPSY FINDINGS		
음	LARYNGEAL CARCIN	JOMA				_	VES 2		BLE PRIOR TO ETION OF CAUSE ITH?			
PHYSICIAN: MED							1			ES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			24	PLACE OF DEATH (C							
SIC	EXAMINER?	HOSPITAL:	patient 3 DOA	OTHER:	Home 5 Residence		· · · · · · · · · · · · · · · · · · ·					
	27. MANNER OF DEATH	28a. DATE OF INJURY	26b. TIMI	E OF 20c.	INJURY AT			JURY OCCUR	EQ.OM T	LIDNITAIC		
B	1 Natural 5 Pending Investigation	9-20-91	2:30	)p M 1	WORK?  YES 2 NO	BOAT	OINIO,	WATER	LIONIL	BURNING		
	3 Suicida 6 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY — At home, term, strest, tectory, office building, stc. (Specify) WATER NEAR DOCK				281. LOCATION (Street and Ajumber or Rural Route Number, IRANT (City or Toyo, State)						
COMPLETED		CIAN: To the best of my known.							use(s) and ma	nner se stated.		
шШ	296. SHOWATHERE AND TITLE OF CERTIFIER		0		29c, LICENSE NU			29d. DATE SIG				
面 2	1 man	overy			OCM	E		▶09	21	1991		
	TOUCH LOCK	5 MD	111		STREET	BALT	IMORI	E,MAR	YLAND	21201		
	SEP 2 4 1991	132. REDISTRAR'S SIEN	andell									



|--|

	FOR 1 - STATE	STATE OF MARYLA	ND / DEPAI	RTMEN	T OF HEALTH AND	MENTAL HYGIER	_{IE} 91	25880
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Lest)		CERTIF	ICAT	E OF DEATH	REG. NO		
		· Con 120	1			2. DATE OF DEATH		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	Chwo	yrs. last birthday)	E IMPE	R 1 YEAR IF UNDER 24 HRS.	9	9 9	
		1 1 1 2 1 F 6	CT	MONTHS	OAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8/30/33		BIRTHPLACE (State or Foreign Country)
TOR	90. FACILITY NAME (If not institution, give street of Dich Rich Residence of Decement	ey Hospi	ce	9b. CIT	y, town or Location of I		9c. COUNTY	
DIRECTOR	100. STATE 100. COUNTY  MARYLAGO BALT	TMORS	10c. C/7		OR LOCATION  OPLK		- <u></u>	10d, INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER	MAGH	OAD		101. ZIP CODE	23	10g. CITIZEN	OF WHAT COUNTRY?
5		2. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13.	WAS DECENDENT OF HISPA	ANIC ORIGIN? (Specify Ye	n or No— 14.	RACE — American Indian,
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT			It yes, specify Cuban, Mexic 1 YES 2 1, NO Spec	en, Puerto Rican, atc.) //y:		Black, White, etc. Specify:
E	15. DECEDENT'S EDUCAT (Specify only highest grade co	rion mpleted)	18e. DECEDENT'S	work done	during most of working	16b. KIND OF BU	SINESS/INDUST	TRY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	III. DO NOT U	se retired.)	B 0 =	IER W.P.	20	200.0
ō	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Malden	Sumame)	MIDIO
BE (	EDWARD !	LONWAY			(70)	DREO 1	And	HTUS
10	190. INFORMANT'S NAME (Type/Print)	COROS	19b. MAILING	ADDRES	S (Street and Number or Rural	Route Number, City or Tow	n, State, Zip Coo	io)
	20a. METHOD OF OISPOSITION  1 Burial 2 Cremation 3 Remove  4 Donation 5 Other (Specify)		PLACE AND DATE			DATE 20c. LO	CATION — City	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE /	CLAUS	Y V	NAME AND ADDRESS OF F	91	monic	m, 110.
	1 Houles 45	wars.		2	VANS CHE	ROBO -	H.ME	sium
	23. PART I. Enter the diseases, or con shock or heart fellure. Lie	polications that coused t	the deeth. Do r	not enter	tha mode of dying, aud	ch as cardiec or resp	retory erreat.	Approximata
	shock, or heart failure. Lie IMMEDIATE CAUSE (Finel disease or condition resulting in death)	DUE-TO (Of AS A C	12/01	7/	Arres	4		Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditiona, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	DUE TO (OR AS A C	Mer	70	l Colon tases	1		Yyrs
- 1	PART II. Other significant conditions of	contribution to death but			100			
PHYSICIAN: MEDICAL		State of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state	not resulting i	n the un	derlying cause given in	Part I. 24s. WAS AN PERFOR	MEDY	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
₹	25. WAS CASE REFERRED TO MEDICAL			_	26. PLACE OF DEATH (C)			
S		OSPITAL:   Inpallent 2   ENOutput	ent 3 🗆 DOA	OTHER	t:	. /	the	MIAC
	27. MANNER OF DEATH  1  Metural 5 Pending	28s. DATE OF INJUSTY (Month, Day, Year)	266. TIME	E OF	ning Home 5 - Residence 28s. INJURY AT WORK?	286. DESCRIBE HOW II	WINN OCCURS	TICK
ED BY	2 Accident Irrestigation 3 Suicide 6 Could not be 4 Homicide determined	1 YES 2 NO	2M. LOCATION (Sheet and Number or Rural Route Mumber, City or Servi, State)					
E.								
COMPLETED	29a. CERTIFIER (Check chy one)  2 MEDICAL EXAMINER: C	N: To the best of my knowled on the basis of examination a	ige, death occurre ind/or investigation	d at the ti	me, date and place, and due pinion, death occured at the	to the cause(s) end man	ner se stated.	inefal and manner as stated
	296. SIGNATURE AND TITLE OF CONTIER		1.	_	29c. LICENSE NUI			
TO BE	10 MAME AND ADDRESS OF PERSON	Elmes 1	MID		D/3	0/2	▶ 20	SOPT 9
	30. NAME AND ADDRESS OF PERSON WHO C	14	W/M	Prior)	ernon ?	PACE	Ball	H 21211
	31. OATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATI	URE		/			

OHMH-16 Rev 1/89



MINAMECORDS, P.O. BOX 68/60, BALTIMORE, MARYLAND 21215-0020	uires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	In signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	or regain an weather system you to come, the medical examiner must be neithfind at none.
A HECORD	manufactures that the	the signed by the	23 shows any In
=	Ç	200	£

	1 - FOR STATE REGISTRAR	STATE OF MAI	RYLAND /	DEPART	MENT OF H	EALTH ANI	) MENT	AL HYGIEN	E	91 2588	
	1. DECEDENT'S NAME (First, Middle, Last)  DOROTHY R. Co	OLLINS I	or <b>ot</b> h;	y R.	Colli	ns		TE OF DEATH		YEAR 3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 213-26-9009	5. SEX 6. 1  M 2  F	AGE (In yrs. las	_	IF UNDER 1 YEAR	IF UNDER 24 HRS	. (Mc	TE OF BIRTH onth, Day, Year)		8. BIRTHPLACE (State or Foreign Country)  Md.	
TOR	9a. FACILITY NAME (If not institution, give street and number) University Hospital  Baltimore  9c. COUNTY OF DEAT  Baltimore									TY OF DEATH	
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY,	10c. CITY, TOWN OR LOCATION Baltimore					10d. INSIDE CITY LIMITS?  YES 2 \( \text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\titt{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\titt{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tex{\tex		
FUNERAL		Argyle Av	2.							EN OF WHAT COUNTRY?	
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EX FORCES? 1 INTERPRETATION OF THE PES, GIVE WAR	YES ARES	MED NO	If yea, specify Cuben, Maxican, Puerto Rican, atc.) Black, Whita, etc.					14. RACE — American Indian, Black, White, etc. Specify: Afr. American	
COMPLETED	t5. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5+)	(Gi	CEDENT'S U five kind of wo Do NOT use	SUAL OCCUPATION of done during more retired.)	ON ist of working	1	6b. KIND OF BUS	INESS/INDU	ISTRY	
BE COM	17. FATHER'S NAME (First, Middle, Last)  Lawrence	Willia	ams				NAME (First	t, Middle, Maiden :	Surname)		
TO B	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Brenda Washington  506 N. Calhoun St. Balto. Md. 21223										
	20a. METHOD OF DISPOSITION  1 # Burtel 2 Cramation 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE AND DATEOF DISPOSITION (Name of Catonsville, Md.										
=71	21. SIGNATURE OF FUNERAL SERVICE LICE	Osto	P		Est 130	0 Eutaw	hers	Funera: Balto.	Md.	21217	
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, abook, or heart failure. List only one cause on each line.  Approximate interval Between Oneat and Death of the provided interval Between Oneat and Death of the provided interval Between Oneat and Death of the provided interval Between Oneat and Death of the provided interval Between Oneat and Death of the provided interval Between Oneat and Death of the provided interval Between Oneat and Death of the provided interval Between Oneat and Death of the provided interval Between Oneat and Death of the provided interval Between Oneat and Death of the provided interval Between Oneat and Death of the provided interval Between Oneat and Death of the provided interval Between Oneat and Death of the provided interval Between Oneat and Death of the provided interval Between Oneat and Death of the provided interval Between Oneat and Death of the provided interval Between Oneat and Death of the provided interval Between Oneat and Death of the provided interval Between Oneat and Death of the provided interval Between Oneat and Death of the provided interval Between Oneat and Death of the provided interval Between Oneat and Death one of the provided interval Between Oneat and Death of the provided interval Between Oneat and Death of the provided interval Between Oneat and Death of the provided interval Between Oneat and Death of the provided interval Between Oneat and Death of the provided interval Between Oneat and Death of the provided interval Between Oneat and Death of the provided interval Between Oneat and Death of the provided interval Between Oneat and Death of the provided interval Between Oneat and Death of the provided interval Between Oneat and Death of the provided interval Between Oneat and Death of the provided interval Between Oneat and Death of the provided interval Between Oneat and Death of the provided interval Between Oneat and Death of the provided interval Betwe										
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1.  CVA (Pheniophere) 1984 & read. hernipares  HTN  CAS  24b. WERE AUTOPSY FILE ANALABLE PRIOR COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF C										
SICIA		HOSPITAL:	Outpetient 3		26. PL OTHER:     Nursing Hom	ACE OF DEATH					
	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJU (Month, Day, Ye		28b. TIME	OF 28c. INJ		_	EŞCRIBE HOW IN	JURY OCCU	RED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined	28a. PLACE OF IN. building, atc.	JURY — At her (Specify)	me, ferm, str			281. LC	OCATION (Street ar ty or Town, State)	nd Number o	r Rural Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICI CHECK ONLY ONE) 2 MEDICAL EXAMINER:									f. Cause(s) and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	t mr	)			29c. LICENSE N				SIGNED (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE O	F DEATH (ITEM	1 27) (Type, P	rint)						
	SEP 24 1991	32. REGISTRAR'S	SIGNATURE	lell.							

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	Marian D Caha	st)						MONTH DAY YEAR			3. TIME OF DEATH		
	Marian D. Caha 4. SOCIAL SECURITY NUMBER	5. SEX	T A. AGE	(in yrs. lest birthday)	IF UNDER 1	· VEAR	IF UNDER	$\rightarrow$	09-2				4:07 P.
	215-01-8539	1 □ M 2 🔀 F	75		1	DAYS	HOURS			9=191	6	Balt	O., Md.
		FACILITY NAME (If not institution, give etreet and number)						ON OF DEA	ATH	-	9c. COUN	TY OF DE	ATH
5	728 Dividing Roa		Seve	erna	a Par	ck			Anne	Aru	ndel Co.		
DIRECTOR	10a. STATE 10b. COUR	NTY			TY, TOWN OR							T	10d, INSIDE CITY LIMITS?
	MALYLANA  10e. STREET AND NUMBER				Baltimore City								1 N YES 2 NO
LONEHAL	3510 Woodring Avenue				101. ZIP CODE 21234				U.S.A				HAT COUNTRY?
	11. MARITAL STATUS   12. WAS DECEDENT EVER IN U.S.   1   Never Married   2   Merried   17.   Widowed   4   Divorced   17.   17.   18.   18.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.   19.			N U.S. ARMED	ARMED 13. WAS DECENDENT OF HISPANIC					NIC ORIGIN? (Specify Yea or No			- American Indian,
				TES 2 MINU If yes, specify Cuben, Maxicen				een, Puerto Rican, etc.)  B stry:			Specify		
	15. DECEOENT'S EC (Specify only highest gra	OUCATION ade completed)		18e. OECEDENT'S	USUAL OCC	CUPATIO	ON .		16b.	KIND OF BUS	SINESS/INDL	Whi.	te
	Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT L	ise retired.)	or done during most of working in retired.)							
	17. FATHER'S NAME (First, Middle, Last)	8th Grade Cashier							Pantry Pride  ME (First, Middle, Meiden Surneme)				
	William Blotkamp	)						ephi			Surneme)		
	19a. INFORMANT'S NAME (Type/Print)						nd Number	or Rural Ro	oute Numbe	r, City or Town			
	Robert J. Caha		1					Sev				-	d 21146
	20a. METHOD OF OISPOSITION   20b. PLACEAND DATE OF DISPOSITION (Name of Congress)   20b. PLACEAND DATE OF DISPOSITION (Name of Congress)   20b. PLACEAND DATE OF DISPOSITION (Name of Congress)   20b. PLACEAND DATE OF DISPOSITION (Name of Congress)   20b. PLACEAND DATE OF DISPOSITION (Name of Congress)   20b. PLACEAND DATE OF DISPOSITION (Name of Congress)   20b. PLACEAND DATE OF DISPOSITION (Name of Congress)   20b. PLACEAND DATE OF DISPOSITION (Name of Congress)   20b. PLACEAND DATE OF DISPOSITION (Name of Congress)   20b. PLACEAND DATE OF DISPOSITION (Name of Congress)   20b. PLACEAND DATE OF DISPOSITION (Name of Congress)   20b. PLACEAND DATE OF DISPOSITION (Name of Congress)   20b. PLACEAND DATE OF DISPOSITION (Name of Congress)   20b. PLACEAND DATE OF DISPOSITION (Name of Congress)   20b. PLACEAND DATE OF DISPOSITION (Name of Congress)   20b. PLACEAND DATE OF DISPOSITION (Name of Congress)   20b. PLACEAND DATE OF DISPOSITION (Name of Congress)   20b. PLACEAND DATE OF DISPOSITION (Name of Congress)   20b. PLACEAND DATE OF DISPOSITION (Name of Congress)   20b. PLACEAND DATE OF DISPOSITION (Name of Congress)   20b. PLACEAND DATE OF DISPOSITION (Name of Congress)   20b. PLACEAND DATE OF DISPOSITION (Name of Congress)   20b. PLACEAND DATE OF DISPOSITION (Name of Congress)   20b. PLACEAND DATE OF DISPOSITION (Name of Congress)   20b. PLACEAND DATE OF DISPOSITION (Name of Congress)   20b. PLACEAND DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE								9/2		CATION — C		
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
1	John C. Miller, Inc. 6415 Belair Road, Baltimore, Maryland 21											vland 2120	
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	e. List only one cau	tensacise on a	ach lina.		ha mod	da of dyl	ng, auch	as cardi	ac or reapli	ratory arre	st,	Approximsta Interval Batwe
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BALTIMORE, MARYLAND 21215-0020

SIMEION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

GLASS ST.

A 1 (4)19	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF I	HEALTH AND	MENTAL HYGIE		9	2588	
	1. DECEDENT'S NAME (First, Middle, Lest REMULUS	BARRY CHAS				2. DATE OF DEATH MONTH	DAY	YEAR 91	"IME OF DEATH	
	4. SOCIAL SECURITY NUMBER 220-38-6511	1 💢 M 2 🗆 F 49	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7-6-194		Country)	DE (State or Fore)	
стоя	99. FACILITY NAME (If not institution, give JOHNS HOPKINS				OR LOCATION OF E	DEATN	9c. COUNT	Y OF DEATH		
DIREC	RESIDENCE OF DECEDENT  10a, STATE  10b, COUN	тү	timore	TION		10d. INSIDE CITY LIMITS? 1 // YES 2 // NO				
FUNERAL	100. STREET AND NUMBER 2520 Ellamont S	treet		10	7. ZIP CODE 21216			EN OF WHAT		
ВУ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 XXNO	If yes, sp	CENDENT OF HISPA	NIC ORIGIN? (Specify Yan, Puerto Rican, etc.)	4. RACE — A Black, Wh	merican Indian Ite, etc.		
PLETED	15. DECEDENT'S EO (Specify only highest grace Elementery/Secondery (0-12)	ON osl of working	16b. KIND OF B	USINESS/INOUS						
BE COMPLET	17. FATNER'S NAME (First, Middle, Last)					AME (First, Middle, Maide lene Chase				
TO B	19a. INFORMANT'S NAME (Type/Print)  Carol Chase				and Number or Rural	Route Number, City or To Creet Balt	wn, State, Zip C		1216	
	20s. METHOD OF DISPOSITION  1 N Burlel 2 Cremellon 3 Rei 4 Donation 6 Other (Specify)  21 SIGNATURE OF FUNETIAL SERVICE L	noval from State	PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE	norial P 22. NAME AI Marc	Park No ADDRESS OF FACE Ch F/H We Wabash	92691 Sest	ocation — cii Randa l			
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PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (Ch	8 Other (Specify)				
ВУ РНУ	27. MANNER OF OEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Mgmh, Day, Year)	28b. TIME INJU	OF 28c. INJ		28d. DESCRIBE NOW	INJURY OCCUP	RED		
0	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY - building, etc. (Specif	— At home, ferm, st	reel, factory, office		281. LOCATION (Street and Number or Rural Route Number, City or Yown, Stete)				
COMPLET	29e. CERTIFIER (Check only one)  1. CERTIFYING PNYS 2 MEDICAL EXAMIN	ICIAN: To the best of my knowle ER: On the basis of examination	dge, death occurred	d at the ilme, date o, in my opinion, d	and place, end due	to the cause(e) and me time, date end place, a	nner as stated,	cause(a) and	manner aa stat	
TO BE C	206. SIGNATURE AND TITLE OF CERTIFIE	n Jag	m0		29c, LICENSE NUI	MBER 7-9	29d. DATE S	IGNED (Moni	h, Pay, Year)	
	EHRISTINE A	SHUTH M	TH (ITEM 27) (Type.	Prim) 1115 HS	phins	Hospita	Q Ba	ito,	MIS	
	31. DATE FILEO (MONTH, Day, Year)	2 4 1991 July	ia Davidson	- Pandelle			/			

#S-PE-5055

3.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMEN	IT OF HEALTH AND	MENTAL HYGIEN	NE .	. 5 0 0 4
	1. DECEDENT'S NAME (First, Middle, Last)	^			2. DATE OF DEATH		3. TIME OF DEATH
	Paul	Dean			09 2	YEAR	5.20 a m
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.	MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	a. Birth	THPLACE (State or Foreign
	94. FACILITY NAME (If not institution, give s	100 M 2 🗆 F 74	YRS.		3/14/11		Allo mo
Œ				TY, TOWN OR LOCATION OF D		9c. COUNTY OF	
DIRECTOR	RESIDENCE OF DECEDENT	putal corporatio	1	Baltimore Li	44	Bakt	IMOVE
HE(	109 STATE 106 COUNTY	£).	10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY
4 1	Daryand		BAL	imore			LIMITS?
RAI	1415 90 CC	116 -4		10f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS			2/2/7		415	· A.
	1 Never Married 2 Merried	12. WAS DECEDENT EVER IN U.S. FORCES? 1 TYPES 2	ARMED	WAS OECENDENT OF HISPA If yes, specify Cuban, Maxic	an, Puarto Ricen, etc.)	s or No- 14. RAG Ble	CE — American Indian, ick, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 YES 2 NO Speci	ify:	Son	Pack
9	15. DECEDENT'S EDUC (Specify only highest grade		DECEDENT'S USUAL	OCCUPATION during most of working	16b. KIND OF BU	SINESS/INDUSTRY	7,00
l iii	Elementery/Secondary (0-12)		life. Do NOT use retired.	)			
COMPLET	17. FATHER'S NAME (First, Middle, Last)	14/14					
	A LA FA	DEAK		IA. MOTHER'S NA	AME (First, Allotoke, Marchen	Surnamei	-
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MARLING ADDRES	13031	e DAVE	nporl	
욘	mrs. Helen )	PAI	712 00	Chin St	Rolle Number City of Est	m, Statu Zipi Code)	21217
	200. METHOO OF DISPOSITION	20b. PLAC	E AND DATE OF DISPO	SITION/Name of	DATE 20c LO	CATION - City or 1	2/2/1
	1 Buriel 2 Cremetion 3 Remo	wal from State	STEPN	STAP Cen	7 /	Alh.	Ca Sock
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	22	NAME AND ADDRESS OF FA	YOUN - C	MOVE	1 Home
	Horech L	Puppi	>	05 40 11 11	the state of	1.14	Grad 21211
	23. FART I. Enter the diseases, or o	omplications that caused the	death. Do not ente	the mode of dylon au	th se cardles or seen	DATION STREET	11/21/21/21/6
	shock, or heart failure. I IMMEDIATE CAUSE (Finel	List only one cause on each list	ne.	,	as columbs of loap	wotory arreat,	Approximata interval Batween Onsat and Deeth
	disease or condition resulting in death)	Pheumo	mi				Orient and Deeth
		DUE TO (OR AS A CONS					
No.	Sequentially list conditions,		ulmoua	le			
AŢ	If any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONS					
임	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONS	equence of:	lung lu	iniev		
CERTIFICATION	resulting in death) LAST	Cerebro 1	/ascular	Accident	-		i
	PART II Other significant condition						
CAL	PART ii. Other significant conditions	s contributing to death but not	resulting in the u	nderlying cause given in	Part I. 24e. WAS AN PERFOI		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDI					1 _ YES 2	NO NO	OF DEATH?
Σ					-		1 TYES 2 DENO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28 DI ACE DE DEATH (C)			
Sic	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outpatient	OTHE				
H	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME OF	rsing Home 5 Residence	28d. DE\$CRIBE HOW I	NJURY OCCURED	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY M	WORK?	Allerta Control	NOTE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PR	4
ED B	3 Suicide 6 Could not be	28e. PLACE OF INJURY — Al I building, atc. (Specify)	nome, farm, streat, fac	tory, office	28f. LOCATION (Street	end Number or Rural	Route Number,
	4 Homicide determined				City or Town, State)		
7	29e. CERTIFIER t CERTIFYING PHYSIC	CIAN: To the best of my knowledge, o	death occurred at the	time, date end place, end due	to the cause(s) and mer	nner as stated.	
COMPLET	one) 2 MEDICAL EXAMINER	R: On the basis of examination end/or	r Investigation, in my	opinion, death occured at the	time, date end place, an	d due to the cause(	s) end manner as steted.
BEC	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI			D (Month, Ony, Year)
TO B	them taying	Mouse officer		D3844	3		ilai
F		COMPLETED CAUSE OF DEATH (IT	EM 27) (Type, Print)			110	
	Sewen Close mo	3630 Pask		Battimore	M9 212	07	
	SEP 2. 4 1991 4	32. REGISTRAR'S SIGNATURE	2				
	SEP 24 1991 9	who were acoust the forest					

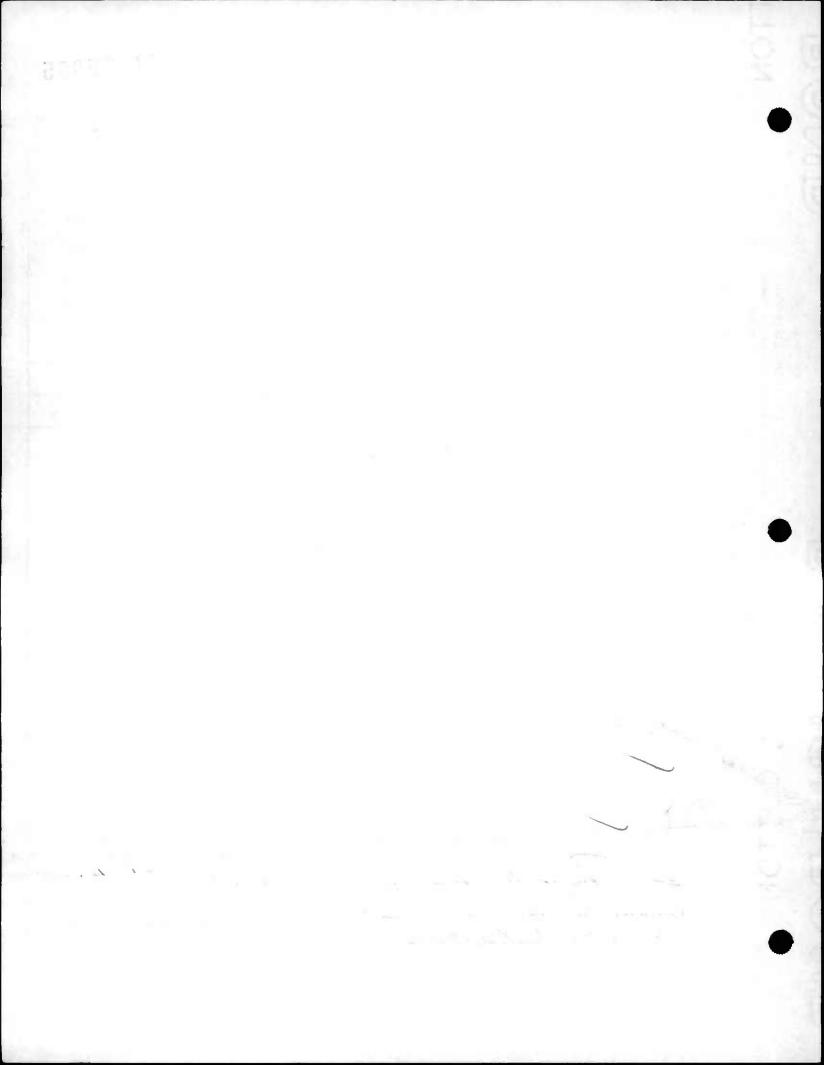


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BALTIMORE, MARYLAND	rs after death. Page 6 may be retained by the hos	n by the funeral director, page 5 should be detach removal.	dical examiner must be notified at once.
B-80×68760,	am conficure executed within 24 hour	Inneres present and completely filled in	e other traumatic event, the me
DIVISION OF VITAL RECORDS, B.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the di	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the internal and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mercel House or the provide cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, wother traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

- 00	1. DECEDENT'S NAME (First, Middle, Lest)	-				2. DATE OF DEATH	Y YE	3. TIME OF DEATH	
	MAR	MARY J. EDWARDS 9 20 91 8:11							
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)	IF UNDER I YEAR		7. DATE OF BIRTH	8. B	IRTHPLACE (State or Foreign ountry)	
	219-26-4666	1 🗆 M 2 💢 F	54 YRS.	MONTHS DAYS	HOURS MIN.	(Mogth, Day, Year)	37   "	My	
	9a. FACILITY NAME (If not institution, give	street end number)	,	9b. CITY, TOW	OR LOCATION OF DE		9c. COUNTY	OF DEATH	
e B	Liberty Hea	ical Ce	nter	190.1	40				
DIRECTOR	RESIDENCE OF/DECEDENT  10a, STATE  10b, COUNT	TV.	140- 00	ry, town on Loc	NATION .			10d. INSIDE CITY	
E	W. STATE	Ť	D. C.	of Was	Allon			LIMITS?	
	10e. STREET AND NUMBER			UITO	10f. ZIP CODE		10- CITIZEN	1 ∑ YES 2 ☐ NO OF WHAT COUNTRY?	
A.		wood Rou	ad)		717/6	5	log. Citizen	1 ( )	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE		13 WAS 0	ECENDENT OF HISPAN	VIC ORIGIN? (Specify Yes	or No - 14	RACE — American Indian.	
	1 Nover Married 2  Married	FORCES? 1 Y	ES 2 NO	If yes,	apecify Cuban, Maxica ES 2 NO Specifi	n, Puarto Rican, etc.)		Black, White, atc.	
BY	3 Widowed 4 Divorced	ir 123, dive that of	N DAIES		ES 2 10 NO Specin	γ.		Black	
	15. DECEDENT'S EDI (Specify only highest grad		16a. DECEDENT'S	S USUAL OCCUPA work done during	TION	16b. KIND OF BU	SINESS/INOUST	RY	
9	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Ilfe. Do NOT L	ise retired.)					
MP									
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	•			18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)	'// •	
BE		son			Hagie	nett		1111am	
2	19a, INFORMANT'S NAME (Type/Print)	0-	196. MAILIN	G ADDRESS (Street	¥	Route Number, City or Tow	n, State, Zip God	,	
	Del D. Educ	unds	00		they Div	e Uwing	S MIII.	s, red 21117	
	20a. METHOD OF DISPOSITION 1 SCBurlel 2 Cremation S Rer	noval from State	of complary, cream tor		Lou Park	9 15 C	CATION - City	or Town, Stata	
	4 Donation 5 Other (Specify)	ICENSEE	171700	ALLS M	AND ADDRESS OF FA	CH 174	ourw,	14	
		10 m		Un	1 -0 / 1-	4. West	_	2 1 1	
	X has	K II lan	1	100	ua Pi	4300	well	agh five	
	23. PART I. Enter the diseases for	complications that cause o	sed the deeth. Do	not enter the r	mode of dying, euc	h as cerdiec or reap	ratory errest,	Approximate Interval Between	
	IMMEDIATE CAUSE (Fine)						4.5	Onset and Deeth	
	disease or condition	. CV	A CCE	rebo	Vascular	Accide	vd)		
		DUE TO (OR	AS A CONSEQUENCE	OF):					
Z	Sequentially list conditions,	b HTN	AS A CONSERVENCE	ntowio	n)				
Ĕ	If any, leeding to immediate ceuse. Enter UNDERLYING	DUE TO (OR A	AS A CONSEQUENCE O	OF):				i 1	
5	CAUSE (Disease or Injury	C. DUE TO (OR	AS A CONSEQUENCE (	OF):					
				. ,				i I	
Ē	that initiated events resulting in deeth) LAST	502 10 (611)							
CERTIF		d							
AL CERTIFICATION		d	th but not resulting	in the underly	ring cause given in			24b. WERE AUTOPSY FINDINGS	
DICAL CERTIF	resulting in deeth) LAST	d	th but not resulting	In the underly	ring cause given in	Part I. 24s. WAS AN PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDICAL CERTIF	resulting in deeth) LAST	d	th but not resulting	In the underly	ring cause given in	PERFO	RMED?	AVAILABLE PRIOR TO	
MEDICAL	resulting in deeth) LAST	d	th but not resulting	in the underly	ring cause given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL	PART II. Other eignificent condition	d	th but not resulting	26.	ring cause given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL	PART II. Other eignificent condition	d		26. OTHER:		PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL	PART II. Other eignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	d	Outpatient 3 DOA	26. OTHER: 4   Nursing H	PLACE OF DEATH (C/)	PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
PHYSICIAN: MEDICAL	PART II. Other eignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 6 Pending	HOSPITAL: 1   Inpatient 2   ER/	Outpatient 3 DOA	26. OTHER: 4   Nursing H ME OF 28c.	PLACE OF DEATH (CA)	PERFOI  1 YES :	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
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BY PHYSICIAN: MEDICAL	PART II. Other eignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO  27. MANNER OF DEATH  1  Yestural 6  Pending Investigation	HOSPITAL: 1   Inpatient 2   ERA  26a. DATE OF INJU (Month, Day, Ye)	Outpetlent 3 DOA RY 28b. Ti	OTHER: 4 Nursing H ME OF 28c. JURY M 1 [	PLACE OF DEATH (CA	PERFOI  1 YES :  1 YES :  1 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street	NJURY OCCURI	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
BY PHYSICIAN: MEDICAL	PART II. Other eignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 6 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only)	HOSPITAL: 1   Inpatient 2   ERA  26a. DATE OF INJU (Month, Day, Ye)	Outpetlent 3 DOA RY 26b. Ti In URY — At home, ferm, Specify)	26. OTHER: 4   Nursing H ME OF   28c. JURY M   1 [ , street, factory, o	PLACE OF DEATH (CA) Iome 6 Residence Injury AT WORK?  YES 2 NO	PERFOI  1 YES :  1 YES :  1 YES :  2 Neck only one)  5 Other (Specify)  28d. DE\$CRIBE HOW  28f. LOCATION (Street City or Town, State	NJURY OCCURI	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
BY PHYSICIAN: MEDICAL	PART II. Other eignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 6 Pending Investigation 3 Suicide 8 Could not be determined  29s. CERTIFIER (Check only)	HOSPITAL: 1   Inpatient 2   ENJ (Month, Day, Ye) 28e. PLACE OF INJ building, etc. ( SICIAN: To the best of my ke	Outpatient 3 DOA RY 29b. Til er) In URY — At home, ferm, Specify)	OTHER: 4 Nursing H ME OF JURY M 1 , atreet, factory, o	PLACE OF DEATH (CA	PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND STATE OF THE PERFORMANCE AND	INJURY OCCURI	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	REGISTRAR CERTIFICATE OF DEATH REG. NO.												
1. DECEDENT'S NAME (First,	EN			VEST	SEPT 20 1991 1:3:						3. TIME OF DEATH		
4. SOCIAL SECURITY NUMB 217 52 838		5. SEX	6. AGE (In yrs	. lest birthday)	MONTHS	DAYS	HOURS	24 HRS. MIN.		Day, Year)	1	Country	
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Maryland	Ann	e Arunde	e Arundel Glen Burnie						1 TES 2 NO				
10e. STREET AND NUMBER						10	H, ZIP COD	E			10g. CIT	IZEN OF W	HAT COUNTRY?
7575 E. H	oward	Road			21060					- 7	U.	S.A.	
11. MARITAL STATUS		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO				WAS DE	CENDENT (	OF HISPAI	NIC ORIGIN?	(Specify Year	or No-	14. RACE Bleck	- American Indian, White, atc.
1 Never Married 2 3 Widowed 4 00vo		IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify:						<b>/:</b>					
15 DEC	EDENT'S EDIT	S EDUCATION 166. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY						White					
(Specify only	highest grade	completed)		(Give kind of a	work done i	during m	ost of worki	ng	100, 1	CIND OF BUS	INESS/INL	DUSTRY	
Elementary/Secondary (0 3rd Grade	-12)	College (1-4 or 5		Housew	ri fo				1	Home N	(a)cox	_	
17. FATHER'S NAME (First, Mi	ddle, Last)			Housew	IIIC		16. MOT	HER'S NA					
	st, Middle, Last)  Peter Burke  Margaret Shea												
19a. INFORMANT'S NAME (7)		COCL D	OL ILC	19b. MAILING	ADDRESS	S (Street	and Numbe		4			p Code)	
Peter Earn				402	Edge	mer	e Dri	ive		olis,	Mar	ylan	d 21403
1 Durial 2 Crematio	a. METHOD OF DISPOSITION  Purial 2 Cremation 3 Removal from State  20b. PLACE OF DISPOSITION (Name of cometer); crematory or other piece)  Donation 5 Other (Specify)  Holy Cross Cemetery  Baltimore, Maryland												
21. SIGNATURE OF FUNERAL SERVICE LICENSEE    A   Donellon 5   Other (Specify)						Maryland							
Kuch	George J. Gonce Funeral Home P.A.												
23. PART I. Enter the di	sasses, or c	1 4001 Ritchie HWV. Baltimore, Md. 21225						Approximate					
shock, or he	eart fallure.	List only one ceu											interval Batween Onset and Dasth
iMMEDIATE CAUSE (Fir	iai	Congestive Heart Failure  DUE TO (OR AS A CONSEQUENCE OF): Hypertension						Citati silo sgatii					
resulting in death)								-i					
Sequentially list condition of the sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequential sequentia		DUE TO	(OR AS A CO	NSEQUENCE O	F):								
cause. Enter UNDERLYi CAUSE (Disease or inju	NG	G		rotic (		iova	ascul	ar L	iseas	e			
that initiated events				NSEQUENCE O	F):								
resulting in deeth) LAS	' (	Renal	Failu	re									
PART ii. Other significa	nt condition	s contributing to	daeth but n	ot resulting	in the ur	nderlvir	ng cause	given in	Part i.	24s. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
Anemia						,				PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
Carcino	na of	breast							- 1	1 TYES 2	4∑ NO		OF DEATH?
									-				1 YES 2 NO
25. WAS CASE REFERRED TO	O MEDICAL					26 6	H ACE OF I	SEATH (C)	heck only one)				
EXAMINER?		HOSPITAL:	ED (Outs at a		QTHE	R:							
27. MANNER OF DEATH		1 Inpatient 2		28b. TIN	-		JURY AT	asidence	6 Other	(Specify)	NUMBY OC	CUBED	
1 Netural 5	Pending	(Month, E		IN	JURY M	W	YES 2	□ NO				,001120	
a Calleta	Investigation	28e. PLACE C	F INJURY — A	At home, farm,	street, faci				261, LOCAT	TION (Street a	and Numbe	er or Rumi R	oute Number
	Could not be determined	building,	atc. (Specify)							Town, State)			
29a. CERTIFIER	TEVING BUYE	CIANA To the best of	and francisco	doub		( · 4 ·				4.5			
(Check only		CIAN: To the best of a											and manner as stated.
290 MANURE AND TITLE			7		D2		an						
Derry	Jung	RAND	rtter	ding!	they	go		1416			29d. DA	-20-	(Month, Day, Year)
30. HAME AND ADDRESS OF	PERSON W	O COMPLETED CAU	SE OF DEATH	(ITEM 27) (Type	, Print)					2420	) F		
Harjit Sin				chie H	lighw	ay .	Balt:	more	e, Md.	2122	25		
31. DATE FILED (Month, Day,	Year)		AR'S SIGNATU										
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1	TO THE HOSPITAL OF MEMBERS PRESCRAM THE BE REQUIRES THAT THE CEATH CERTIFICATE DE EXECUTED WITHIN 24 hour	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or i	IMPORTANT: It them 28 is marked, or them 23 shows any injury, or other traumatic event, the me

_	REGISTRAR CERTIFICATE OF DEATH REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)  Dora Ebb Dora Ebb 2. DATE OF GEATH MONTH 9 DAY	7 9 YEAR	3. TIME OF CEATH
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.  1 M 2 W YRS. MONTHS DAYS HOURS MIN.  1 / 12 / 49	Countr	IPLACE (State or Foreign y) Ad.
TOR		e, COUNTY OF D	EATH
DIRECTOR			10d. INSIDE CITY LIMITS? 1 YES 2 \( \square\) NO
FUNERAL	100. STREET AND NUMBER 100. STREET AND NUMBER 129 Wintres Lone 100. STREET AND NUMBER 21228	Og. CITIZEN OF V	
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES TO 1 YES 2 NO Specify:	No- 14. RACE Black Speci Afr	- American Indian, k, Whita, atc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	10-00 20 (	American
	17. FATHER'S NAME (First, Middle, Last)		
BE CO	WIISON Newman Julia New	wman	
2	JIO4 Leeds St. Baltimore, Md.	21229	
	cemetery, crematory or other place)	ION — City or To	•
	22. NAME AND ADDRESS OF FACILITY Estep Brothers Funeral 1300 Eutaw Pl. Balto.	Home P	.A.
TION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapirate shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):	ory arreat,	Approximate interval Between Onset and Death
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  c. DUE TO (OR AS A CONSEQUENCE OF):  d		
ابا	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUT	OPSY 24b.	WERE AUTOPSY FINDINGS
N: MEDICAL	Intravenous doug above  516 durch hemotoma  Performer  1 YES 2		AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:		
ΙλS	1 LYES 2 NO Pediced HOSPITAL: 1 Lyperion 2 Reported to 1 Lyperion 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATH  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DATE OF IMMIST  28. DAT		
ВУ РН	2 Accident Investigation A (2 R) M 1 YES 2 NO	RY OCCURED	
ETED	3 Suicide 6 Could not be detarmined 28s. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 28s. PLACE OF INJURY — At home, farm, atreet, factory, office City or Town, State)	lumber or Rural R	oute Number,
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(s) and manner one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due	as stated.	and manner as stated.
TO BE	Steven / Muser mg	d. DATE SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO DOMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Steven J. Luces MI) MIEM 55 225. Greene 5t. Dept of Costs  31. OATE FILED (Month, Day, Dept) 10 32. REGISTRAR'S SIGNATURE	cel ca	re
	31. OATE FILED (MONTH POR DOOR)  4-124 24 1991 Julia Savidson-Randolle		

DIVISION OF VITAL RECORDS, P.	The law requires that the death	THE FUNERAL INTERPRETATION CONTINUES THE SECOND SIGNED BY THE ATTEN	of Health and Mental I	
F VITAL R	SICIAN: The law I	ertificate has be	In the State Dept.	
ONOISINIO	OR ALPENNATION	DIRECTOR	HOURS AN ARREST	
	O THE HOSPITAL OR ATTEN	THE FUNERAL	filed within 72	

	1. OECEDENT'S NAME (First, Middle, Last)	GLE Lucille P	• Eagle			REG. NO.	2-21-91	AR 3. TH	AE OF OEATH
	4. SOCIAL SECURITY NUMBER			T at the base of water	-	1 67	- 7	6	456
	180-01-0848	1 - M 2 X F 81	In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN. 09	ATE OF BIRTH Worlh, Day, Year) -15-191(		hio	(State or Foreig
TOR	9a. FACILITY NAME (If not institution, give st Francis Scott Key RESIDENCE OF DECEDENT		ter		or Location of DEATH		N/A	OF DEATH	
DIRECTOR	10s. STATE 10b. COUNTY	I/A		ry, town on Loca					NSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 1600 S. Ellwood A	venue	34		1. ZIP CODE 1224		U.S.A		OUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, sp	CENDENT OF HISPANIC OF Decify Cuban, Maxican, Put 3 2 (X) NO Specify:	RIGIN? (Specify Yes ario Rican, atc.)	- 1.	RACE — Ar Black, White Specify: Thite	narican Indian, a, atc.
ETED	15. OECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of life. Do NOT u		ost of working	16b. KIND OF BU	SINESS/INDUST	FRY	
M M	12th Grade		Payroll	l Departi	· · · · · · · · · · · · · · · · · · ·	Coca-Co			
COMP	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NAME (F.		Surname)		
B	John Palmer  19c. INFORMANT'S NAME (Type/Print)		195 MAILING	G ADDRESS (Street	Mae (Unkn		vn State 7in Co	riel	
2	Rosalie Svoboda	p 195			ge, Apt. 2,				nd 212
	20a. METHOD OF DISPOSITION  1X Burial 2 Cremation 3 Remote A Donation 5 Other (Specify)	oval from Stata	PLACE OF DISPO		metery crematory or		CATION City	or Town, S	ate
	21. SIGNATURE OF FUNERAL SERVICE LIC		/	John (	ND ADDRESS OF FACILITY C. Miller, Belair Road	inc.	more, M	Maryla	and 21
	23. PART I. Enter the diseases, or o	complications that causes	the death. Do			·		-	Approximate
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. metastatic	1	ancer to	olungs, live	r, colon			Interval Bate Onset end I
CERTIFICATION	Sequantially liet conditions, if any, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS A	CONSEQUENCE O	DF):					
H	1	e contributing to death b	ut not resulting	in the underlyin	ng cause given in Part	PERFO	RMED?	COMI	AUTOPSY FINE ABLE PRIOR TO LETION OF CA
	PART II. Other algorificant condition  atrial fibrilla	tion				1 1 TYES 2		OF D	EATH?
EDICAL	atrial fibrilla	tion				1 TES 2		1 🗆	YES 2 NO
: MEDICAL	atrial fibrilla myocardial inf diabetes melli					1 - YES 2		1 🗆	YES 2 NO
: MEDICAL	atrial fibrilla myccardial inf diabetes melli 25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. P	LACE OF DEATH (Check or			1 🗆	YES 2   NO
: MEDICAL	atrial fibrilla  myccardial inf  diabetes melle  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO	CARCTION  THIS  HOSPITAL: 1) Inputient 2 - ER/Outp		OTHER: 4 Nursing Hor	me 5 Residence 6 -	Other (Specify)			YES 2 NO
PHYSICIAN: MEDICAL	atrial fibrila  mycardial inf  diabetes melle  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	arction itus	28b. TIA	OTHER: 4 Nursing Hor ME OF 28c. IN. JURY	me 5 Residence 6 -	nly one)			YES 2 NO
ED BY PHYSICIAN: MEDICAL	atrial fibrilla  myccardial inf  diabetes melle  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	HOSPITAL: 1) Inpetient 2 = ER/Outp	28b. Tih IN.	OTHER: 4   Nursing Hor ME OF 28c. IN. JURY W M 1	THE 5 Residence 6 USE JURY AT CORK? YES 2 NO	Other (Specify)	INJURY OCCUR	ED	
BY PHYSICIAN: MEDICAL	Atrial Fibrila  Myccardial inf  Mabutes Mills  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be datarmined  29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	HOSPITAL: 1) Inpatient 2 = ER/Outp  28a. DATE OF INJURY (Month, Day, Year)  28c. PLACE OF INJURY	28b. Tih IN.  — At home, farm,	OTHER: 4   Nursing Hor ME OF UNITY W M 1   street, factory, officered at the time, date	UURY AT 28d ORK? YES 2 NO 28f. a and place, and due to the	Other (Specify)  DESCRIBE HOW I  LOCATION (Street City or Town, State, e cause(s) and ma	and Number or I	ED Rurel Route I	lumber,

Baltimore MD 21224

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1/pa, Print)

Northan J Rudin MD 4940 Eastern Ave 18

31. DATE FILED (Month, Day, 1901)

SEP 2 4 1991 Julia Davidson-Ronslate

SEP 2 4 1991 Julia Davidson-Ronslate

3. TIME OF DEATN

DHMN-16 Rev 1/89

DAY

2. DATE OF GEATH

BALTIMORE, MARYLAND 21215-0020

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760.

marked,

After 1 death

FUNERAL DIRECTOR: Aftivition 72 hours after dea

TO THE FUNERAL DIRECTO be fied within 72 hours aff IMPORTANT: If Item 21

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1991 YEAR Marya Barbara Ebert 920A. M 20 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTNPLACE (State or Foreign 1 - M 2 F DAYS 5/9/21 217-14-1393 70 YRS. Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR 1723 Red Oak Road Baltimore Baltimore RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Baltimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 1723 Red Oak Road 21234 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or NoIt yes, specify Cuban, Mexican, Puarto Rican, etc.)
 VES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only highe (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 years Housewife Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Surname) Joseph L. Fuchs Mary E. Schwarzmann 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Phyllis Sinibaldi 8715 Stockwell Rd. Balto Md. 20s METNOD OF DISPOSITION
1 Buriel 2 Cremetton 3 Rem
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State y Redeemer Most Holy Balto. Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Johnson Funeral Home Towson, Md. 8521 Loch Raven Blvd. 21204 23. PART I. Enter the diseases, or complication that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or haart failura. List only ona Intarval Between IMMEDIATE CAUSE (Final Onsat and Daath disease or condition reaulting in death) CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reauiting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

YES 2 NO 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 🗆 Inpatient 2 🗆 ER/Outpatient 3 🗆 DOA Residence 6 - Other (Specify) 4 - Nursi 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCUREO Natural 2 Accident 5 Pending Investigation М BY 1 YES 2 NO 3 Suictde 28a. PLACE OF INJURY — At home, term, street, fectory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the basia of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as ateted. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) THO COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print) 001080 2 SEP124 1991 22 REGISTRAR'S SIGNATURE Whia Davidson-Randall



68021 13

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TO BE

31. DATE FILED (MOTING PROPERTY 24

										9		25890
	1 - FOR STATE REGISTRAR	STATE OF M	MARYLAND /	DEPAR	ICATI	OF H	HEALTH DEAT	AND N	MENTAL HYGIEN			-
	1. DECEDENT'S NAME (First, Middle, Last) Francis	J.	GEOR		SR				2. DATE OF OEATH September		<b>ব্যৱ</b> ণ	3. TIME OF DEATH 11:45 P
	4. SOCIAL SECURITY NUMBER 212-03-1864	5. SEX 1 M 2 F	6. AGE (In yrs. let	_	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)			IPLACE (State or Foreign
NO.	90. FACILITY NAME (If not institution, give s	treet and number)	10	sf.	9b. CITY	TOWN	TIN	ON OF DE	ATH	9c. COUNT		nore CO.
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	1		10c. CIT	Y, TOWN C	OR LOCAT	TION	110	K PI.	70	1 6 11	10d. INSIDE CITY LIMITS?
FUNERAL D	10e. STREET AND NUMBER	ONNE	Del	1/15	1217	101	ZIP CODE	21	8	10g. CITIZI	EN OF V	1 PYES 2 NO
BY FUNI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 4			Tyes, sp	ENDENT Coeffy Cube	p, Maxican	IC ORIGIN? (Specify Ye , Puerto Rican, etc.)	or No-	4. RACE Black Speci	Afreeican Indian,
	15. DECEDENT'S EDU	CATION	16a, DE	CEDENT'S				ороспу	16b. KIND OF BU	SMISOS III IS	h	HITE
COMPLETED	(Specify only highest grade	College (1-4 or 5 +	(G	tve kind of to NOT us	work done i	during mo	st of workin	g	£35	KAY	//	NEATS
BE CO	17. FATHER'S NAME (First Middle, Last)	ANCIS	GEC	PEG.	E		ts. MOTH	94	AE (First, Middle, Majden	Sumame)	Ici,	BEPT
5	10e. INFORMANT'S NAME (Type/Print)	ECOR	05 19	S. MAILING	ADDRESS	Street a	nd Number	or Rural Ru	Oute Number, City or Tow ABOVE	n, State, Zip C	Code)	
	20a. METHOD OF DISPOSITION  1 M Burial 2 Cremetion 3 Rem  4 Donation 8 Other (Specify)	oval from State	20b. PLACE			TION (Na	me of	met	DATE 200. LO	CATION CI	ty or To	wn, State
	21. SIGNATURE OF PUNERAL SERVICE LIC	7 4	gar	2	6	-VE	D ADDRES	34	Pro Coo	OF	m	Emilles DALVIII
	23. PART / Enter the diseases, in shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)		eatic Ca			the mod	da of dyi	ng, auch	an cardiac or resp	iratory arrea	et,	Approximate interval Batwear Onset and Death
			OR AS A CONSEC									
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSEC	OUENCE OF	7):							
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	OR AS A CONSEC	UENCE OF	j):							
- 11	PART II. Other aignificant condition	contributing to	death but not re	asulting i	n the un	dariying	cause g	Iven in P	PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDICAL									1 _ YES 2	X NO		DF DEATH?  1 YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:			OTHER		ACE OF DE	ATH (Chec	k only one)			
	27. MANNER OF DEATH  1 Meturel 5 Pending	28e. DATE OF (Month, Da	NJURY	28b. TIMI	OF	28c. INJU	JRY AT		Other (Specify)  28d. DE\$CRIBE HOW II	NJURY OCCU	RED	
ED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28s. PLACE OF building, a	INJURY — At hor itc. (Specify)	ne, farm, s	treet, facto		ES 2 🗌	-	28t. LOCATION (Street a City or Town, State)	nd Number or	Rural A	oute Number,
COMPLETI	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	AAN: To the best of r	ny knowledge, dea	ith occurre	d at the tir	ne, data i	and place,	and due to	o the cause(a) end man	ner se stated		
E CON	29b. SIGNATURE AND TITLE OF CERTIFIER	t: On the basis of ex	emination and/or in	1 0	n, In my op	inion, de	ath occure	d at the ti	me, data and place, en	d due to the d	ause(a)	and manner ea stated.

N/A

Gabriel Soudry MD. 9000 Franklin Square Drive

199

32. REGISTRAN'S SIGNATURE
JUNA SUMMED Pandelle

29d. DATE SIGNED (Month, Day, Year)

9-20-91

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31. DATE FILED (Month, Day, Year)

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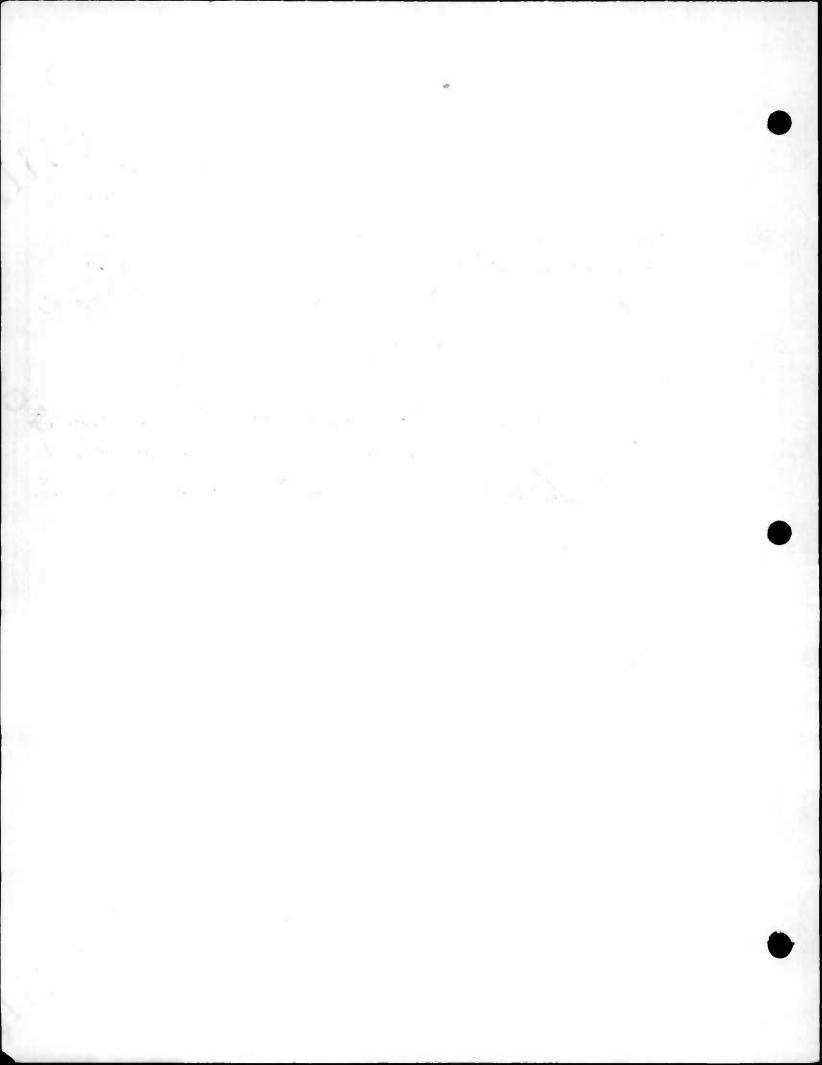
32. REGISTRAR'S SIGNATURE

	FOR 1 - STATE REGISTRAR	STATE OF MAR			HEALTH AND	MENTAL HYGIE		1 25891		
	1, DECEDENT'S NAME (First, Middle, Last)		CERTII	ICATE	T DEATH	REG. N	J.	1		
	Caroline L. Gi	ronowt						ZEAR 3. TIME OF DEATH		
-	4. SOCIAL SECURITY NUMBER					9 - 21	91	10:45 P/	М	
	215-32-7576	5. SEX 6. AGE (In yrs. last birthday)  1   M 2   F UNDER 1 YEAR F UNDER  1 0 1 YRS.  1 0 1 YRS.				7. DATE OF BIRTH (Month, Day, Year) 9-16-189		BIRTHPLACE (State or Foreign Country)  Md.		
	9a. FACILITY NAME (If not institution, give s	9b. CITY, TOW	N OR LOCATION OF I			Y OF DEATH				
DIRECTOR	BelAir Convales	Ва	Baltimore							
2	10a. STATE 10b. COUNTY	r	10c, C	TY, TOWN OR LO	CATION			10d. INSIDE CITY		
	Md.			Baltim	ore			LIMITS? 1 X YES 2 ND		
FUNERAL	100. STREET AND NUMBER 6116 BElain		10f. ZIP CODE	21206		n of what country?				
Z	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS	DECEMBENT OF HISP	ANIC ORIGIN? (Specify )		I. RACE — American Indian,	-	
BY FL	1 Never Married 2 Married  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. AMBED  FORCES? 1 YES 2 ANO  IF YES, GIVE WAR OR DATES				specify Cuban, Maximus 2 2 2 NO Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specifi	cen, Puarto Rican, atc.) elly:		Black, Whita, etc. Specify: White		
0	15. DECEDENT'S EDU	CATION	18a. DECEDENT	S USUAL OCCUP	ATION	16b. KIND OF B	USINESS/INDUS			
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12) 6 th Grade	College (1-4 or 5+)	(Give kind o	work done during use retired.)  e MAke						
M	17. FATHER'S NAME (First, Middle, Lest)		1 110111	C IHINC		IAME (First, Middle, Malde	an Sumamal		_	
ŏ	George						ni Surinina)			
BE	19a. INFORMANT'S NAME (Type/Print)		1			line				
5	Kathryn Z. Henso	hen				Balto. Md.		code)		
	20s. METHOD OF DISPOSITION		20b. PLACE OF DISP					ly or Town, State	-	
	1 Donation 5 Other (Specify)	oval from State	Greenmou	nt Ceme	terv			to. Md.		
-	21 SIGNATURE OF FUNERAL SERVICE LIC	ENSEL			AND ADDRESS OF			Elair Road		
	Com A	200	12	Joh	n C. Mill	er, Inc.		Md21206		
1	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory arrest,  Approximate									
	shock, or heart fallule. List only the cause on sech lina.  IMMEDIATE CAUSE or condition resulting in death  Approximate  Intervel Between Onset and Death  Onset and Death									
	resulting in death)	DUE TO (OR	AS A CONSEQUENCE	OF):	-C IN	FIRE				
N	SEVERE CORONARY ARTERIOSCOCROSI									
CERTIFICATION										
2	CAUSE (Disease or Injury  CAUSE (Disease or Injury  DUE TO (OR AS A CONSEQUENCE OF):									
岸山	that initiated events resulting in deeth) LAST	DOE TO (OR A	AS A CONSEQUENCE	OF):				į		
E		d							_	
2	PART II. Other eigniticent condition	ns contributing to dear	th but not resulting	in the under	vina ceuse alven i	n Part I. 24e, WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDING	is	
NA I		ENTIA					ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
ā		1 // 1				1 _ YES	2 NO	OF DEATH?		
Z								1 YES 2 NO		
Ë										
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  AND SPITAL:									
Sic	EXAMINER?  1 YES 2 NO  HOSPITAL:  OTHER:  4 Nursing Home 5 Residence 8 Other (Specify)									
H	27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED								_	
	1 Netural 5 Pending (Month, Dey, Year) INJURY WORK?									
ВУ	2 Accident Investigation	28a PLACE OF IN.	IURY — At home, farm			28f. LOCATION (Size	nt and Altembas of	Purel Dough Number		
ED	3 Suicide 8 Could not be 4 Homicide determined	building, etc.	(Specify)	, silver, motory,		City or Town, Still		remainstrates		
in	29e. CERTIFIER								_	
COMPLETE	(Check ant)	CIAN: To the best of my l								
0	MEDICALIEXANDE	the basie of axamir	nation and/or investiga	tion, in my opinic	n, death occured at t	ne time, data and placa,	and due to the	cause(a) and menner as stated.		
BE C	29b, SIGNATURE AND THE STOP SERVICE	ie.	mo		29c. LICENSE N	UMBER COCO	294. DATE	SIGNED (Month, Misc. War)		
0	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CALLET O	F DEATH STEM OT C	na Privet	200	777	-4	124/11	_	

DHMH-18 Ray 1/89

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	0		3 should
(	S.		permit, Pages 1, 2,
	DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 - nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit, 29 about a should be detached for use as the burlal-transit permit, 27 a should be shown with the State Dent. or health and Mental Hydiene prior to burlal, cremation, or removal.

		FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / D CEF	EPARTMENT OF I		MENTAL HYGIENE REG. NO.		40076	
	1	1. DECEDENT'S NAME (First, Middle, Last)  MAPHA	GASKIN	15		2. DATE OF DEATH DAY	4 G	3, TIME OF DEATH	
		610 11 1211	SEX AGE (In yrs. lest b	<u> </u>	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Morith, Day, Year)	53	RTHPLACE (State or Foreign	
	S.	Se ENORITY NAME (I not institution, give street	and number) HOSDICE	9b. CITY, TOWN Bah	OR LOCATION OF DE	АТН	Sc. COMMTHE	a Hisnore	
i.	DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  RESIDENCE OF DECEDENT	Live)	10c. CITY, TOWN OR LOCA	ATION			10d. INSIDE CITY LIMITS?  1 YES 2 NO	
No.	ERAL D	100. STREET AND NUMBER	c bloidets &	tve.	N. ZIP CODE	<i></i>	10g. CITIZEN	OF WNAT COUNTRY?	
	FUN	11. MARITAL STATUS  1 Never Married 2 Married	. WAS DECEDENT EVER IN U.S. ARME FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES	If yes, s	CENDENT OF HISPAN pecity Cuban, Mexicar S 2 NO Specify		1	RACE — American Indien, Black, White, atc.	
	ED BY	3 Widowed 4 Divorced  15. DECEDENT'S EDUCATI (Specify only highest grade con	ON 16a, DECE	EDENT'S USUAL OCCUPAT I kind of work done during m	ION	16b. KIND OF BUS		Dlack	
8	COMPLET		college (1-4 or 5+)	o NOT use retired.)	10-	. Re	st.		
d at once.	BE CO	17. FATHER'S NAME (First, Middle, Last)	Dobb		18. MOTHER'S NA	ME (First, Middle, Meiden Sc.	Surname)		
be notified	10	19a. INFORMANT'S NAME (Type/Print)  NESSEN  D	odd 19h.	MAILING ADDRESS (Street	and Number or Rural F	Jeisus Number, City or Town	he, State, Zip Code	Balto. Md. 15	
must b		20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	1 from State 20b. PLACE Of other place	DISPOSITION (Name of co	emotory, crematory or Cremat	DY 20c. LO	Ba He	more Md.	
medical examiner must		21. SIGNATURE OF PURPLE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND ALL PRIVATE AND AL	Koller	Will.	and address of fail	Brown G	m. F.K	Home North	
medical		23. PART I. Enter the diseases, or con shock, or heart fellure. Lis IMMEDIATE CAUSE (Final	pplications that caused the deat t only ons cause on each line.	th. Do not enter the m	ode of dying, suc	h es cerdlec or respl	ratory errest,	Approximate interval Between Onset and Death	
rent, the		disease or condition resulting in death)	A IDS DUE TO (OR AS A CONSEOU	JENCE OF):					
other traumatic event, the	NOI	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQU	JENCE OF):					
other tra	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):							
Injury, or o		PART II. Other significant conditions of	IV DRUG ABO		ng cause given in	Part I. 24e, WAS AN	AUTOPSY	24b, WERE AUTOPSY FINDINGS	
S &	EDICAL	The symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry of the symmetry o				PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
23 shows ar	Σ							1   YES 2   NO	
Hem Item	PHYSICIAN:		IOSPITAL:    Inpatient 2   ER/Outpatient 3	OTHER:	PLACE OF DEATN (Ch	. /	HOSPI	CE	
r death with the		27. MANNER OF DEATH  1 Natural 5 Pending Investigation	26s. DATE OF INJURY (Month, Day, Year)	INJURY	NJURY AT YORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED	
28	TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJURY — At hom building, etc. (Specify)	ne, farm, street, factory, of	lice	281. LOCATION (Street City or Town, State,	and Number or F	Rural Route Number,	
be filed within 72 hours IMPORTANT: If Item	COMPLE	CONTROL OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA	N: To the best of my knowledge, dear					nuce(a) and menner as stated.	
be filed within IMPORTANT:	BE C	296. SIGNATURE AND TITLE OF CERTIFIER	10.0 00		29c. LICENSE NU			GNED (Month, Day, Year)	
e W	10	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEM	1 27) (Type, Print)	1 DO 50			-4-9/	
		31. DATE FILED (MONTH ON YEAR)  31. DATE FILED (MONTH ON YEAR)  SEP 24 199	32. REGISTRAR'S SIGNATURE	Bandole.	IPST. D	arimore	Md.	A HAICH	
		021 24 133	1	1					



STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

401-42-0222

1. DECEDENT'S NAME (First, Middle, Last)

WILLIAM THOMAS HAMMACK

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DIVISION	-
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7-23-34 permit, Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street and number) 9h CITY TOWN OR LOCATION OF DEATH DIRECTOR VA MEDICAL CENTER FORT HOWARD FORT HOWARD RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION MARYLAND BALTIMORE FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE page 5 should be detached for use as the burial-transit 2501 VIOLET AVENUE APT. 1106N 21215 the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 □ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No -1 Never Married 2 Married
3 Wildowed 4 Divorced If yes, specify Cuben, Maxican, Puarto Rican, atc.) В 1 TYES 2 NO 1959 thru 1960 COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade co Elementary/Secondary (0-12) SALESMAN 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Malden Surname ਲ WILLIAM HAMMACK BE ETHEL LOUISE MILLER notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 2 CLINICAL RECORDS 9600 NORTH POINT ROAD, FORT HOWARD. 9 20a. METHOD OF DISPOSITION
1 XBurlal 2 Cremation 3 Rec 20b. PLACE AND DATE OF DISPOSITION (Name of must DATE director, 4 Donation 5 Other (Specify) GARRISON FOREST VA. CEM. examiner 21. SIGNATURE OF HUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY n by the funeral d removal. JOSEPH H. BROWN JR. FUNERAL HOME P.A. 1913 W. BALTIMORE ST. BALTO. MD. 21223 P.O. BOX 4433 medical filled in by t 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 5 IMMEDIATE CAUSE (Final npletely filled cremation, o the disease or condition resulting in death) ACUTE RESPIRATORY FAILURE event. DUE TO (OR AS A CONSEQUENCE OF): een signed by the attending physician and corr of Health and Mental Hygiene prior to burlal, CANCER OF TONGUE other traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING S/P RADICAL NECK RESECTION CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST 6 Injury, PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? shows any 1 TES 2 NO certificate has been the State Dept, of I PHYSICIAN: item 23 s 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one) certificate HOSPITAL: OTHER: 1 TES 2 XXIO Nonetient 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Home 5 ☐ Rasidenca 8 ☐ Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Oay, Year) 28b. TIME OF 28c. INJURY AT WORK? marked, 28d. DESCRIBE HOW INJURY OCCURED with this 5 Pending Investigation 1 X Natural
2 Accident I YES 2 NO death BY 28a. PLACE OF INJURY — At home, larm, street, factory, offica building. etc. (Specify) TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: ALL DE filed within 72 hours after de IMPORTANT: If Item 28 is 1 28 is 1 3 Suicide 8 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER Wen 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) WEN-SHYANG WU, M.D., VA MEDICAL CENTER FORT HOWARD, FORT HOWARD, MD 31. DATE FILED (Month, Day, Year) 102 REGISTRAPI'S SIGNATURE FUNDA DE MANDE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS

HOURS

6. AGE (In vrs. last birthday)

YRS

9

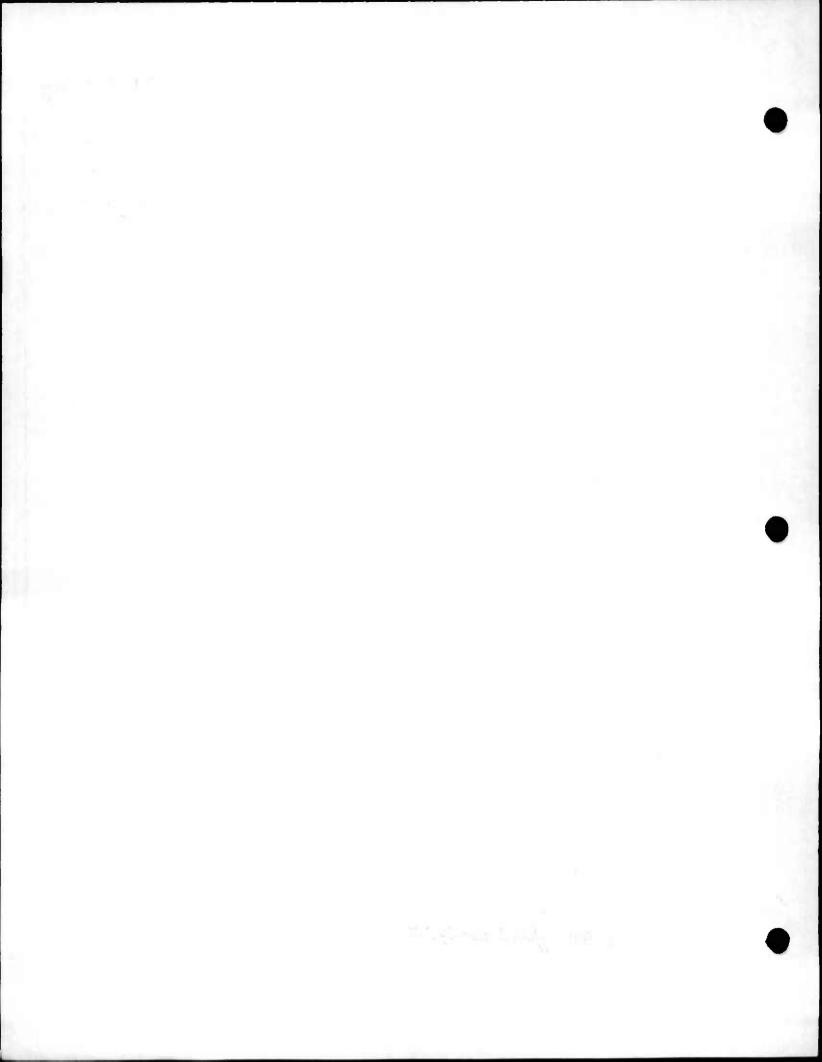
7. DATE OF BIRTH (Month, Day, Year)

91 25893 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 2. DATE OF DEATH 3. TIME OF DEATH YEAR PM 1991 1.15 8. BIRTHPLACE (State or Foreign KENTUCKY 9c. COUNTY OF DEATH BALTIMORE 10d. INSIDE CITY 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? UNITED STATES 14. RACE — American Indian, Black, Whita, ajc. Specify: BLACK 18b. KIND OF BUSINESS/INDUSTRY DEPARTMENT STORE SALES MD 21052 20c. LOCATION - City or Town, State OWINGS, MILL MD. Approximate Interval Batween **Oneat and Death** 3 HOURS 3 YEARS 3 YEARS 24b. WERE AUTOPSY FINDINGS COMPLETION OF CAUSE DE DEATH? 1 TYES 2 T NO

DHMH-18 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

9-20-91



1. DECEDENT'S NAME (First, Middle

MARION HANKINS

2. DATE OF DEATH

AND 21215-0020

BALTIMORE, MARYL

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

4. SOCIAL SECURITY NUMBER 5. SFY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State (Month, Day, Year) 8 - 7 - 28 216-24-9962 63 MD 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH UNIVERSITY OF MD HOSPITAL BALTIMORE DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD BALTIMORE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 221 BISHOP AVENUE 21225 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yea, specify Cuban, Mexicen, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indien, Black, White, etc. FORCES? 1 YES 2.
IF YES, GIVE WAR OR DATES 1 Never Merried 2 Merried В 3 Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) Coffege (1-4 or 5+) 5TH DISABLED 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) notified at JAMES GUEST ESTELLA LONG BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 JAMES HANKINS BISHOP AVE./BALTIMORE, MD 9 20a. METHOD OF DISPOSITION
1 N Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 29c. LOCATION - City or Town, State MUST CEDAR HIL L CEMETERY 4 Donation 6 Other (Specify) ANNE ARUNDEL CO, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY win WM.C.MARCH F.H./1101 E. NORTH AVE. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onest and Death** the disease or condition resulting in death) been signed by the attending physician and completely to to freatth and Mental Hygiene prior to burial, crematic or fleatth and Mental Hygiene prior to burial, crematic shows any Injury, or other traumatic event, the THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremat IPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, It yoca DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a, WAS AN AUTOPSY 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) MOSPITAL: OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DDA 4 Nursing Home 5 Realdence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 26d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending ВУ 1 YES 2 NO 2 Accident 3 Suicide 26e. PLACE OF INJURY — At home, tarm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide determined 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. (Check only one) TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c LICENSE NUMBER 29d. DATE SIGNED (Month, Di 2 30. NAME AND ADDRESS OF WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month 32. REGISTRAR'S SIGNATURE 1991 ina Lavidson-Randall DHMH-16 Rev 1/89

Harkens, 1

1 1 2

after death. Page 6 may be retained by the hos	y the funeral director, page 5 should be detache noval.	cal examiner must be notified at once.
juires that the death certificate be executed within 24 hours	<ul> <li>signed by the attending physician and completely filled in Health and Mental Hydiene prior to burial, cremation, or n</li> </ul>	ows any injury, or other traumatic event, the med
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache he find within 72 havins after death with the State Deut, of Health and Mental Hotelere prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

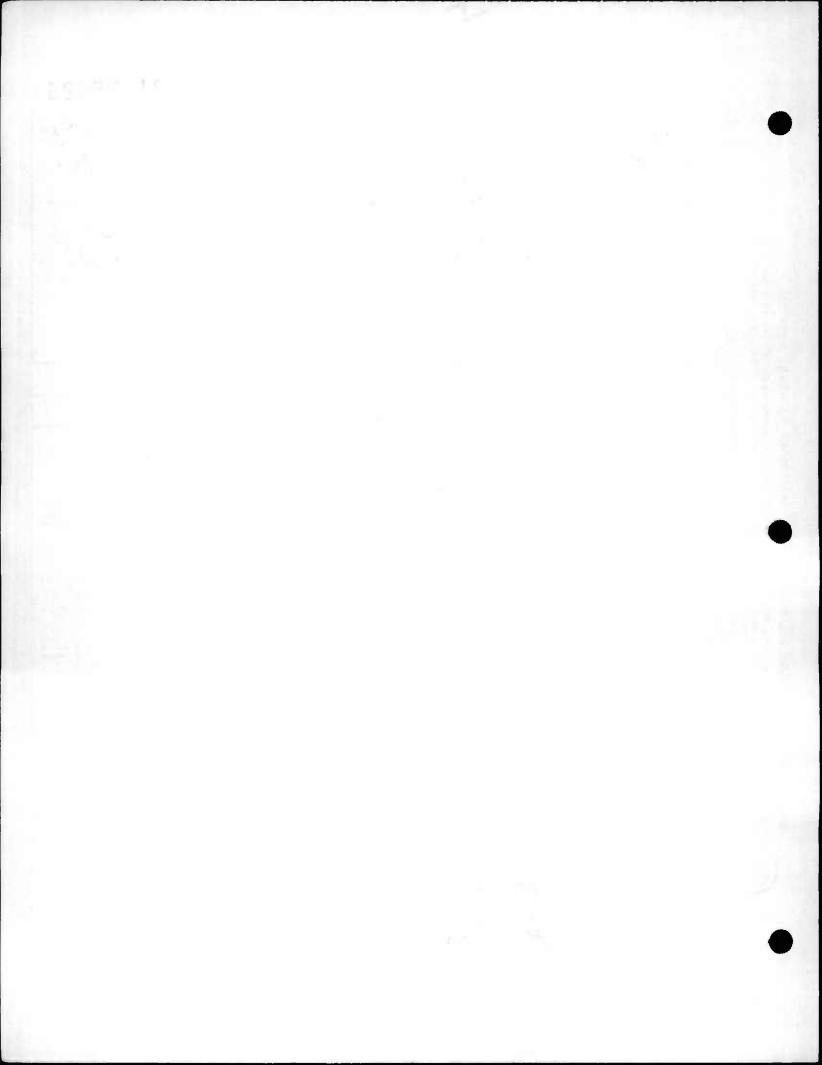
	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF				MENTA	L HYGIEN	E		
2000	1. DECEDENT'S NAME (First, Middle, Lest) PAULINE HE	LMAN	Pauline	Ho1	man		2. DATE MONT			EAR 3.	TIME OF DEATH
100	4. SOCIAL SECURITY NUMBER 242-09-3129	5. SEX 6. AG	E (In yrs. last birthday)  8 YRS.	IF UNDER 1		F UNDER 24 HRS. OURS MIN.	7. DATE	of BIRTH		BIRTHPLA Country) N	CE (State or Foreign
TOR	90. FACILITY NAME (If not institution, give Mercy Medical RESIDENCE OF DECEDENT							9c. COUNTY			
DIRECTOR	10e. STATE 10b. COUNT	ΓY	10c. CIT	TY, TOWN OR	LOCATION						d. INSIDE CITY LIMITS?  YES 2 \( \text{\subset}\) NO
FUNERAL	10. STREET AND NUMBER 1111 N. Calhou	n St.	<u> </u>		101, 2	2121	. 7		10g. CITIZEN	U.S	T COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2XXIO	13. W	AS DECEN yes, speci YES 2	DENT OF HISP Ty Cuban, Mex NO Spa	'ANIC ORIGI Icen, Puerto clfy:	N? (Specify Yes Ricen, etc.)		RACE — Black, W Specify:	American Indian, hite, atc.
COMPLETED	15, DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed)  College (1-4 or 5+)	16a. DECEDENT'S (Give kind of iiie. Do NOT L	work done du se retired.)	CUPATION ring most o	of working	16	DOII		TRY	
BE CON	17. FATHER'S NAME (First, Middle, Last) William Prince	-				Love	еу Ва	Middle, Meiden lines	Princ		
2	190. INFORMANT'S NAME (Type/Print) Marlene Holman		11	11 N	. Ca	lhour		Balt	o., 1	ld.	21217
	20a7 METHOD OF DISPOSITION  1  Burlel 2  Cremetion 3  Rer  4  Donation 5  Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE L	moval from State	at cemetary, cremator KING ME	moria	a P	ark	DA1	Bal	to. (	Cnty	., Md.
	>	IVENSEE		Bai	lto. Vin	Md	21	./12-1 217 Junera	.4 W. 11 Ноп	Nor ne	th Ave.
TION	23. PART I. Enter the diseases, or shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentielly list conditions, if sny, leading to immediate	a. Trans pour to for a	S A CONSEQUENCE O	Wy 0 C 0F): /	ard	ial Ir			ratory arres		Approximate Interval Between Onset and Death 3-5 days days to months
ERTIFICA	cause. Enter UNDERLYING CAUSE (Dissesse or injury that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE C	G(	istr	its					
CAL	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 St. YES 2 NO							CC OF	ERE AUTOPSY FINDINGS BALABLE PRIOR TO MPLETION OF CAUSE DEATH? VES 2 NO		
SICIAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO										
	27, MANNER OF DEATH  1  Netural 5 Pending Investigation	28e. DATE OF INJUR (Month, Day, Yea	7Y 28b. TII	-	8c. INJUR WORK 1 YES	TY AT	-	SCRIBE HOW I	NJURY OCCU	PED	. 60
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	28e, PLACE OF INJU	JRY — At home, farm, specify)	street, tector	ry, office		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
OMPLE	cond only	SICIAN: To the best of my kr									nd menner ee stated.
BE	296. SIGNATURE AND TITLE OF GERTIFI	4 V. GU	Verte	ML	2	P9c. LICENSE I	NUMBER		29d. DATE S	HIGNED (M	onth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON A	THO COMPLETED CAUSE OF			Nepi	CALC	ENTE	R.B	ALTIN	NORE	MD
	SEP 2. 4 1991	Julia Davidson-	Andere.								

1 2 1 4 2				2	2	2	3
TO BE COMP		ERTIFICATION	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	PHYSICIA	ETED BY	E COMPL	TO B
NAPORTÁNT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	vent, the medica	or other traumatic en	3 shows any injury,	ked, or Item 2	em 28 is mar	BATANT: IF IN	MP
16 THE FLUEERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached by within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burlal, cremation, or removal.	pletely filled in by cremation, or remo	TO THE FURERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the is be-tage within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	been signed by the att pt. of Health and Menta	his certificate has	IRECTOR: After the sure after death	TE FUNERAL DI	2.5
TOTHE HIGHTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-riccurs after death. Page 6 may be retained by the hosp	within 24 hours aft	th certificate be executed	w requires that the dear	HYSICIAN: The I	R ATTENDING P	E HOSPITAL O	TEME
משויים וויים ודיווק		DIVISION OF VIEW PECCEDS, 1.0. DOX 1313,	הבינים ביים	1211	NO STATE	1	-

31. DATE FILED (Morith, Day, Year)
SEP 2 4 1991

1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIE	_	25896		
1. DECEDENCE NAME (First, Middle, L	E. Harl	ow			2. DATE OF DEATH	0 9	3. TIME OF DEATH		
232 - 38 - 124	1 🗆 M 2 🖫	67 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	1.04.07	21 3	BIRTHPLACE COMMON OF COMMON CONTROL OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON OF COMMON		
	Rs Hospit	al	BAL	TIMOR	E City	9c. COUNTY	=====		
PON DECIDENCE OF DECEDENT 10h, CO	UNTY	10c. CITY,	BALT!	MORE (	Thy		10d. INSIDE CITY LIMITS2 1 TURES 2 ND		
100. STREET AND NUMBER / 324 S. Bru 11. MARITAL STATUS				21223	/		U- 5- A		
3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp	ENDENT OF HISPAI ecity Cuban, Maxico 2 NO Specil	NIC ORIGIN? (Specify Y an, Puerto Rican, etc.) ly:	es or No— 14	RACE — American Indian, Black, White, etc. Specify: White		
	(Specify only highest grade completed)  [Give kind]  [Identification of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the co		ISUAL OCCUPATION ork done during mo	DN st of working		usiness/indus Maker	TRY		
17. FATHER'S NAME (First, Middle, Last	)	Housew:	ire	18. MOTHER'S NA	ME (First, Middle, Maide				
	John Null			Delo	ora Brev	ær			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street s		Route Number, City or R		ode)		
Robert L. Harl	ow Sr.	8144	Windmil	1 Court	Severn,	Maryl	and 21124		
20a. METHOD OF DISPOSITION 1 Disposition   20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place)   20c. LOCATION - City or Town, State									
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  George J. Gonce Funeral Home P.A.  4001 Ritchie Hwy. Baltimore, Md. 21225									
shock, or heart falls IMMEDIATE CAUSE (Final disease or condition	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line.  Approximata interval Between Onset and Death disease or condition.  Approximata interval Between Onset and Death disease or condition.								
	DUE TO (OR AS A CONSEDUENCE OF):  RENAL FAILURE								
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):								
PART II. Other significant cond	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED?  1 VES 2 NO								
	1   YES 2   NO								
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	TOSPIAL: OTHER:								
27. MANNER OF DEATH	77. MANNER OF DEATH  28a. DATE OF INJURY (Month, Dey, 'bear') (Month, Dey, 'bear') (Month, Dey, 'bear') (Month, Dey, 'bear') (Month, Dey, 'bear')						RED		
2 Accident Investigat 3 Suicide a Could no	28e, PLACE OF INJUR	Y — At home, farm, st	M 1 🗆 '	YES 2 NO	281. LOCATION (Stree City or Town, Ste		Rural Route Number,		
one)	HYSICIAN: To the beet of my know								
296. BIONATURE AND TITLE OF CERT	/ /	u		29c LICENSE NU		_	SIGNED (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON	1. 1. 1 11	EATH (ITEM 27) (Type,		2	PITAL	10	*		

DHMH-16 Rev 1/89



	1 - STATE REGISTRAR	SINIE OF MINNTER	CERTIFICA	TE OF DEATH	MENIAL HYG REG.				
	1. DECEDENT'S NAME (First, Middle, Last)	E. H	OFFMA	V	2. DATE OF DEAT		3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 218-18-2928	1 1 M 2 D F 6	yrs. last birthday) IF UN WONTH	DER 1 YEAR IF UNDER 24 HRS. IS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yes		8. BIRTHPLACE (State or Foreign Country)		
TOR	38. FACILITY NAME (If not institution, give s	COLIDY CIK	APT.J "	TY, TOWN OR LOCATION OF	VILLET	9c. COUNT	Y OF DEATH		
DIRECTOR	MD. 106. COUNT	9270_CO	. 10c. CITY, TOW	NOR LOCATION  CKEYSVIL	us		10d, INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	106. STREET AND NUMBER	icolm	CIL API	J. 21030	)	10g. CITIZE	EN OF WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Nidowed 4 Divorced	12. WAS DECEDENT EVED IN 1 FORCES? 1 1 7ES IF YES, GIVE WAR OR DAT	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuber, Maxie 1 YES 2 PHO Spec	an, Puerto Rican, atc	y Yea or No— 1-	4. RACE — American millan, Black, White, etc.— Specify:		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	18e. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire	ne during most of working	16b. KIND OF	F BUSINESS/INDUS			
	17. FATHER'S NAME (First, Middle, Last)  A. R. S. T.	HPISTIAN	ENGINE SHEGO	18. MOTHER'S N	AME (First, Middle, Ma		ELEPHONE		
TO BE	19a, INFORMANT'S NAME (Type/Print)	RECORDS	196. MAILING ADDRES	ESS (Street and Number or Rura	Route Number, City of	Town, the Zip C	- > TEVEN>		
	20a. SETHOD OF DISPOSITION 1 □ Burist 2 □ Cremation 3 □ Ren 4 □ Donation 5 □ Other (Specify)		LACE AND DATE OF DISP		79/23 20c	LOCATION — CIR	ly or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LIC	n f g	Pan.	2. NAME AND ADDRESS OF F	CHAPL	SZ OF	- CHIMESS		
HILICATION	22. PART Enter the diseases, or coordinate that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shop, or heart failure. Ust only one cause in each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Approximate Interval Batween Onset and Death  Approximate Interval Batween Onset and Death  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C.  DUE TO (OR AS A CONSEQUENCE OF):								
E E E	that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):						
MEDICAL	PART II. Other significant condition	s contributing to death but	not reaulting in the	undariying causa givan ir	PER	S AN AUTOPSY IFORMED? S 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL								
2	EXAMINER?	HOSPITAL:	ОТН	26. PLACE OF DEATH (C	neck only one)				
-	1 YES 2 NO  27. MANNER OF DEATH	1 Inpatient 2 ER/Outpati	ant 3 DOA 4 N	28c. INJURY AT					
- 1	1 Natural 5 Pending	W INJURY OCCUP	₹ED						
ובט א	2 Accident Investigation 3 Suicide 6 Could not be datermined  28s. PLACE OF INJURY — At home, farm, attreet, factory, office  28s. PLACE OF INJURY — At home, farm, attreet, factory, office  28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLEIED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINE	CIAN: To the bast of my knowled R: On the basis of examination a	ge, death occurred at the	time, data and place, and due opinion, death occured at the	to the cause(s) and	manner as atated.	Suse(s) and manner as stated		
O BE C	291 SGNATURE AND TITLE OF CERTIFIER	4. Wegen	mo	D341			GIGNED (Month, Day, Year) -20-1991		
	30. NAME AND ADDRESS OF PERSON WHI	NZB 7	801 401	CKRD.	SUITE	300	21204		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATU	idson-Randall						

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

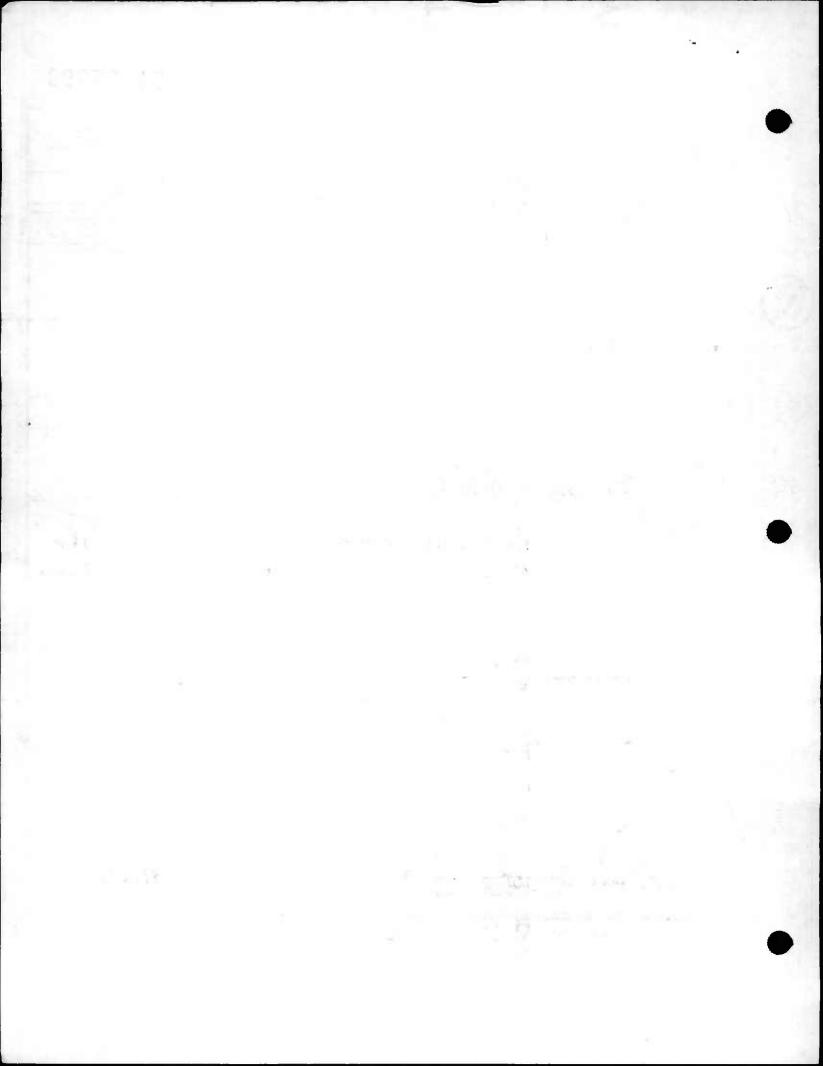
6

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or arrived.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MAI	RYLAND / DEPAR CERTIF	TMENT OF I		MENTAL HYGIENI REG. NO.	E 91	23030	
	1. DECEDENT'S NAME (First, Middle, Last) CLAUDE	C.	HEAVNER			2. DATE OF DEATH DAY September			
	4. SOCIAL SECURITY NUMBER 235-30-0300 9a. FACILITY NAME (If not institution, give s	1 🕅 M 2 🗌 F	AGE (In yrs. last birthday) 65 YRS.	F UNDER 1 YEAR MONTHS DAYS  9b. CITY, TOWN	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) Dec, 22,	8. Bi	RTHPLACE (State or Foreign buntry) West virginia	
TOR	Memorial Hospita	1	10/2	Cumber	and		A116	egany	
DIRECTOR	W. Va.	Mineral	10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?  1 YES 2 KNO	
	10e. STREET AND NUMBER			10	I. ZIP CODE	(70)		OF WHAT COUNTRY?	
BY FUNERAL	Rt. 1, BOX	12. WAS DECEDENT ET FORCES?, 1 IF YES, GIVE WAR	YES 2X NO	If yes, s			or No- 14. F	SA  IACE — American Indian, Specify: White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEOENT'S (Give kind of life. Do NOT us		ON sst of working	B & O I			
BE CO	17. FATHER'S NAME (First, Middle, Last) William Heav	ner				ME (First, Middle, Maiden	Sumeme)		
10 18	19a. INFORMANT'S NAME (Type/Print)	1.4			and Number or Rural F	loute Number, City or Town	n, State, Zip Code	•	
	Josephine McDona  20a. METHOD OF DISPOSITION  1		20b. PLACE ANO OAT of cemetary, cremators Queen s	Box 2 E of disposition	(Name	1	CATION — City of	or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE L Sn	utt.	22. NAME A	NO ADDRESS OF FA	CILITY	eyser, 35 S. M	w.va. ain Street W.Va. 26726	
CERTIFICATION	23. PART I. Enter the disease, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST	a. Pulm DUE TO (OF	AS A CONSEQUENCE O	P:	ode of dying, such	n as cardiac or respi	retory arrest,	Approximate interval Between Onset and Death	
CAL	PART II. Other significent condition	dne contributing to de	eth but not resulting	in the underlyli	g cause given in	Part I, 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
CIAN	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  ACCURATE A STATE OF DEATH (Check only one)								
BY PHYSICIAN: MEDI	1 YES 2 NANO  27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	HQSPITAL:  1 Independent 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  28e. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  M 1 YES 2 NO						D	
	3 Suicide 8 Could not be determined	not be 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28st. LOCATION (Street and Number or Rural Roul City or Town, State)						ural Route Number,	
COMPLETED	29a. CERTIFIER (Check only One)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.								
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE  30. NAME AND ADDRESS OF PERSON W	nggan	OF DEATH (ITEM 27) (Type	s, Print)	29c. LICENSE NUI D 37005		- a1	INEO (Month, Day, Year)	
	Dr. Robert Duggar 31. DATE FILED (Moat), Day, Your) SEP 24 199		al Hospital signature Macon-Render		l Bldg.	Cumberland	d, MD 2	1502	



DIVISION OF VITAL

funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should notified at pe must examiner filled in by the medical the and completely fi burial, cremation HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremat MANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, it HE HOSPITAL MPORTANT

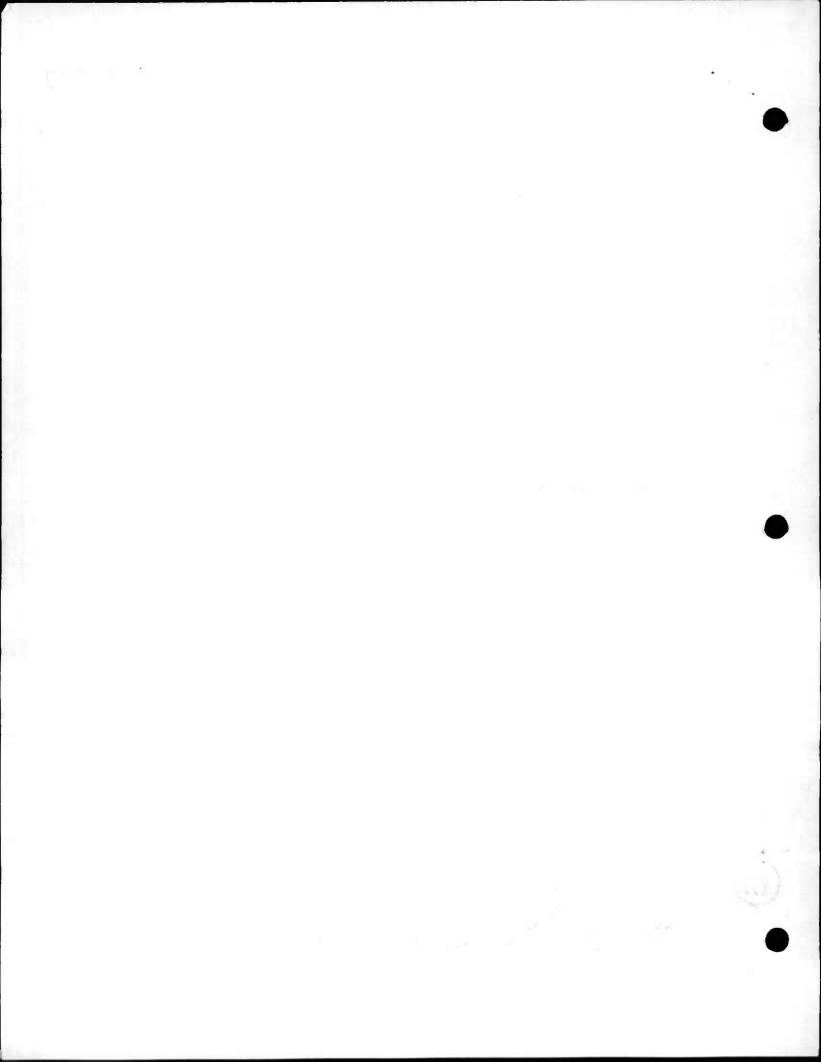
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEOENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 11:30Pm JAMES WHITE HUEY 09 19 91 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign 1 🕅 M 2 🗆 F HOURS 213-28-2766 86 YRS. 12 04 1904 NORTH CAROLINA 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 17 Glen Oak Lane N.W. DIRECTOR GLEN BURNIE ANNE ARUNDEL RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD ANNE ARUNDEI. GLEN BURNIE 1 - YES 2 X NO BY FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? SAME AS # 9 21061 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT, EVER IN U.S. ARMED FORCES? 1 (2) YES 2 \( \text{NO} \) NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 3 🕅 Widowed 4 🗌 Divorced 1924-1946 WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) Coffege (1-4 or 5+) 12 NONE PAY MASTER STEAMSHIP LINES 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) ROBERT HUEY B WALKUP 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 MARY SYLVIA HUEY SAME AS # 9 20a. METHOD OF DISPOSITION

1 M Burlat 2 Cremation 3 Ramoval from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE CEDAR HILL CEMETERY 9-23 BROOKLYN, MD 21. SIGNATURE OF FU MENAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME Walter SECOND AVE. S.W. GLEN BURNIE, MD 21061 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) SHALL ELL DUE TO (OR AS A CONSEQUENCE OF): MEDICAL CERTIFICATION Sequentially list conditions. OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO DE DEATHS 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNED OF DEATH 26a. OATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1. Natural 5 Pending investigation В 1 YES 2 Accident 26a. PLACE OF INJURY — At home, farm, strast, factory, offica building, atc. (Specify) 3 Suicide ED 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide detarmined COMPLET 296. CERTIFIER CERTIFYING PHYSICIAN. To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINED: On In my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. SHANGINATURE AND TITLE OF BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 941 9 06 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE Dr. Diana Griffiths

32.

ha Davidson-Randole



BALTIMORE, MARYLAND 21215-0020

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funeral	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF MAR		RTMENT OF		MENTAL HYGIEN REG. NO	E	1 23900		
	1. DECEDENT'S NAME (First, Middle, Lest)  MARSHALL	F.	HAM		2. DATE OF DEATH DO		3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER		IGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	09 14 7. DATE OF BIRTH		91 4:30 P. M		
	367-46-4850  De. FACILITY NAME (If not institution, give :	1 N 2   F	45 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 06-25-194	Month, Day, Year) 6-25-1946  Country) Michig			
FUNERAL DIRECTOR	239 HARRY S. T		LARGO		AID	9c. COUNTY OF DEATN PRINCE GEORGES				
JIRE	Maryland Pri	v nce George		Y, TOWN OR LOC	ATION		10d. INSIDE CITY LIMITS?			
7	10e. STREET AND NUMBER	nce beorge	argo	Of. ZIP CODE		1 YES 2 1 NO				
ER/	119 Bldg. 339 Ap.	t. 11 Harrı		20772		U.S.A.				
5	11. MARITAL STATUS	12. WAS DECEDENT EV	13. WAS DI	CENDENT OF NISPAN	IIC ORIGIN? (Specify Yes	pecify Yes or No — 14. RACE — American Indian				
B	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR O		pecify Cuban, Mexican S 2 X NO Specify	Specify: Black					
Ä	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S (Give kind of s	work done during n		16b. KIND OF BUS	SINESS/INOUS			
COMPLETED	Elementary/Secondary (0-12)  College (1-4 or 5+)  Chief Master Sgt.  U.S.						Air Force			
BE CO	17. FATHER'S NAME (First, Middle, Lest) LEON	Нат		Mi	ME (First, Middle, Maiden NNIE LEE A	lexand				
10	19a. INFORMANT'S NAME (TyperPrint) Minnie L. Ham		19b. MAILING 134 N	. 14 th	st., Sa	Poute Number City or Town ginaw, MI				
ļ	20a. METNOD OF DISPOSITION  1  Burlel 2  Cremation 3 M Rem 4  Donation 5  Other (Specify)	oval from State	20b. PLACE AND DATE Cometery, crematory or or Forrest Lo	of Disposition (I	Name of			y or Town, Stata		
1	21. SIGNATURE OF PUNERAL SERVICE LIC	CENSEE	22. NAME	NO ADDRESS OF FAC	CILITY	Saginaw MI				
Ц	A George	e alter	Ang.	6009	Hankond 1	ENBURG FUN Rd Balt	imaka	MD 21214		
	23. FFI I. Enter the disease or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one sause of	n eachyma.			ulas di		Interval Between Onset and Death		
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. OUE TO (OR AS A CONSEQUENCE OF):									
- 1	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. V							24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
						1X YES 2	□ NO	OF DEATH?		
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Ž.	25. WAS CASE REFERRED TO MEDICAL			26. F	LACE OF DEATH (Che	ck only one)		L		
HOSPITAL: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Name XXResidence 6 Other (Specify) 27. MANNER OF DEATH 286. DATE OF INJURY 286. DATE OF INJURY 286. DATE OF INJURY 286. DATE OF INJURY 286. DATE OF INJURY 286. DATE OF INJURY 286. DATE OF INJURY 286. DATE OF INJURY 286. DATE OF INJURY 286. DATE OF INJURY										
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COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
296. LICENSE NUMBER  O. C. M. E.  29d. DATE SIGNEO (Month, Day, Vol. 100 of Central English (Month, Day, Vol. 100 of Central English (Month, Day, Vol. 100 of Central English (Month, Day, Vol. 100 of Central English (Month, Day, Vol. 100 of Central English (Month, Day, Vol. 100 of Central English (Month, Day, Vol. 100 of Central English (Month, Day, Vol. 100 of Central English (Month, Day, Vol. 100 of Central English (Month, Day, Vol. 100 of Central English (Month, Day, Vol. 100 of Central English (Month, Day, Vol. 100 of Central English (Month, Day, Vol. 100 of Central English (Month, Day, Vol. 100 of Central English (Month, Day, Vol. 100 of Central English (Month, Day, Vol. 100 of Central English (Month, Day, Vol. 100 of Central English (Month, Day, Vol. 100 of Central English (Month, Day, Vol. 100 of Central English (Month, Day, Vol. 100 of Central English (Month, Day, Vol. 100 of Central English (Month, Day, Vol. 100 of Central English (Month, Day, Vol. 100 of Central English (Month, Day, Vol. 100 of Central English (Month, Day, Vol. 100 of Central English (Month, Day, Vol. 100 of Central English (Month, Day, Vol. 100 of Central English (Month, Day, Vol. 100 of Central English (Month, Day, Vol. 100 of Central English (Month, Day, Vol. 100 of Central English (Month, Day, Vol. 100 of Central English (Month, Day, Vol. 100 of Central English (Month, Day, Vol. 100 of Central English (Month, Day, Central English (Month, Day, Central English (Month, Day, Central English (Month, Day, Central English (Month, Day, Central English (Month, Day, Central English (Month, Day, Central English (Month, Day, Central English (Month, Day, Central English (Month, Day, Central English (Month, Day, Central English (Month, Day, Central English (Month, Day, Central English (Month, Day, Central English (Month, Day, Central English (Month, Day, Central English (Month, Day, Central English (Month, Day, Central English (Month, Day, Central English (Month, Day, Central English (Month, Day, Central English (Month, Day, Central English (Mo										
	ANN M.DIXON M.				T BALTI	MORE MAR	YLAND	21201		
	31. OATE FILED (Month, Day, Year)	32 REGISTRAR'S S								
- 1	SEP 24 1991 Gul	ia davidson ha	ndell							

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al-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Plage 6 may be retained by the hungla TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last)

D. T. A.N. E. JOHNSON

2. DATE OF DEATH

2. DATE OF DEATH

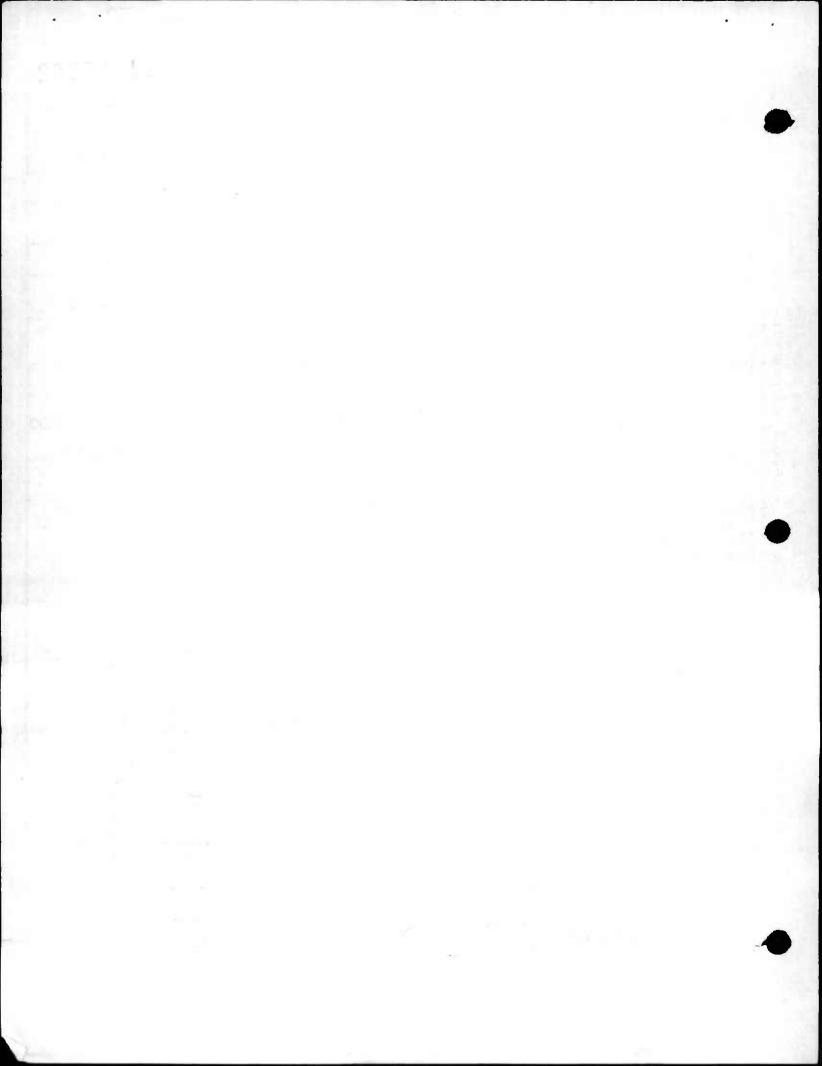
1. DECEDENT'S NAME (First,	Addate foot			CERTIF			DEA	In	REG. N	0.			
DIANA	MIODIN, LIISI)	DIAN E	. JOH	HNSGNE	INSON	N			2. DATE OF DEATH MONTH	DAY 20	YEAR 1991	3. TIME OF DEATN	
4. SOCIAL SECURITY NUMB		IF UNDER 1 YEAR   IF UNDER 24 HRS.			7. DATE OF BIRTH	20		02:30AM  NPLACE (State or Foreign					
4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last birthday)  1  M 2 F  46  YRS.  46					MONTHS DAYS HOURS MIN. (Month, Day, Year) Country) 07/20/1945					MARYLAND			
ii .	9b. CIT	Y, TOWN	OR LOCAT	ON OF DE	ATN	9c. CO	9c. COUNTY OF DEATN						
GREATER BA	TOWSON					В.	BALTIMORE						
10s. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCA	TION					10d. INSIDE CITY	
MARYLAND  100. STREET AND NUMBER	В	ALTIMORE	CITY		BAL	TIMO						LIMITS?	
2007		10f. ZIP CODE 21239				10g. CITIZEN OF WHAT COUNTRY?							
U.S.A.													
1 Never Merried 2 Merried   FORCES? 1 YES 2 NO   If yes, specify Cuban, Maxican, Puerto Rican, atc.)   14. RACE - American Indian Black, White, etc.   15. West Description of No. Specify:   14. RACE - American Indian Black, White, etc.   15. West Description of No. Specify:   14. RACE - American Indian Black, White, etc.   15. West Description of No. Specify:   15. West Description of No. Specify:   16. RACE - American Indian Black, White, etc.   16. RACE - American Indian Black, White, etc.   16. RACE - American Indian Black, White, etc.   16. RACE - American Indian Black, White, etc.   16. RACE - American Indian Black, White, etc.   16. RACE - American Indian Black, White, etc.   16. RACE - American Indian Black, White, etc.   16. RACE - American Indian Black, White, etc.   16. RACE - American Indian Black, White, etc.   16. RACE - American Indian Black, White, etc.   16. RACE - American Indian Black, White, etc.   16. RACE - American Indian Black, White, etc.   16. RACE - American Indian Black, White, etc.   16. RACE - American Indian Black, White, etc.   16. RACE - American Indian Black, White, etc.   16. RACE - American Indian Black, White, etc.   16. RACE - American Indian Black, White, etc.   16. RACE - American Indian Black, White, etc.   16. RACE - American Indian Black, White, etc.   16. RACE - American Indian Black, White, etc.   16. RACE - American Indian Black, White, etc.   16. RACE - American Indian Black, White, etc.   16. RACE - American Indian Black, White, etc.   16. RACE - American Indian Black, White, etc.   16. RACE - American Indian Black, White, etc.   16. RACE - American Indian Black, White, etc.   16. RACE - American Indian Black, White, etc.   16. RACE - American Indian Black, White, etc.   16. RACE - American Indian Black, White, etc.   16. RACE - American Indian Black, White, etc.   16. RACE - American Indian Black, White, etc.   16. RACE - American Indian Black, White, etc.   16. RACE - American Indian Black, White, etc.   16. RACE - American Indian Black, White, etc.   16. RACE -													
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Elementary/Secondary (0-		College (1-4 or 5 +		(Give kind of the Do NOT us	se retired.)		ost of worki	ng					
11TH				DIS	ABL	ED							
17. FATNER'S NAME (First, MI									GREY L	n Surname) )UISE		Y	
198. INFORMANT'S NAME (T)									Route Number, City or R			20	
200 METNOD OF DISPOSITION		mi toom Ctata	20b. PLA	CE AND DATE	OF DISPO	SITION (N	ame of			OCATION -			
4 Donation 5 Other	(Specify)		cemetery Ga	rrison	the For	est	VA C	em.	Ow	ines	M111	s. Md.	
21. SIGNATURE OF FUNERAL					22.	NAME A	NO ADDRE	SS OF FAC	CILITY	11150	1122	5, 114,	
21 PART Enter the di	P P	Villian			W	M.C	. MAF	RCH	F.H./11	)1 E	. NO	RTH AVE.	
ehock, or heart feliure. Liet bniy one cause on eech line.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  HEPATORENAL FAILURE  DUE TO (OR AS A CONSEQUENCE OF):  METASTATIC BREAST CARCINOMA  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):													
PART II. Other eignificar	t conditione	contributing to	feath but n	ot resulting i	in the u	ndertyin	g ceuse	given in I		N AUTOPSY	24b	WERE AUTOPSY FINDINGS	
										PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
												OF DEATH?  1 YES 2 NO	
25. WAS CASE REFERRED TO EXAMINER?		HU6BIA.		-			LACE OF D	EATN (Che	ck only one)				
1 TES 2 NO		HOSPITAL: 1	ER/Outpatien	R 3 DOA	4 Nur		10 5 🗆 Ra	sidencs (	6 Other (Specily)				
27. MANNER OF DEATH	27. MANNER OF DEATH  28a. DATE OF INJURY  (Month Day Very)  28b. TIME OF 28c. INJURY AT 28d. DESCRIBE NOW INJURY OCCURED												
1 Netural 5 Pending 2 Accident Investigation M 1 YES 2 NO													
3 Suicide 6 Could not be determined 26s. PLACE OF INJURY — At home, term, strest, tectory, office building, stc. (Specify) 26s. PLACE OF INJURY — At home, term, strest, tectory, office City or Town, State)													
									to the cause(s) and m				
One)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and placs, and due to the cause(a) and manner as stated.													
296. SIGNATURE AND THE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGNED (Montry, Day, Year)													
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)													
		-											
31. DATE FILED (Month, Day, Y	SEP 2	32. REGISTRAR 4 1991		. Davidson	- Dan	do 90							
		A STATE OF	4	I MANUAL I	-	سردان							

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be the sub-manual and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Law requires that the death certificate be executed within 25 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FINERAL DIRECTOR: After this center that center is pred by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-trans be filed within 72 hours after death with the page 15 should be detached for use as the bunal-transity in them 28 hours after death with the page 5 should be detached for use as the bunal-transity in them 28 is marked, the page 5 should be detached for use as the bunal-transity in them 28 is marked, the page 5 should be detached for use as the bunal-transity in the page 5 should be detached for use as the bunal-transity in the page 5 should be detached for use as the bunal-transity in the page 5 should be detached for use as the bunal-transity in the page 5 should be detached for use as the bunal-transity in the page 5 should be detached for use as the bunal-transity in the page 5 should be detached for use as the bunal-transity in the page 5 should be detached for use as the bunal-transity in the page 5 should be detached for use as the bunal-transity in the page 5 should be detached for use as the bunal-transity in the page 5 should be detached for use as the bunal-transity in the page 5 should be detached for use as the bunal-transity in the page 5 should be detached for use as the bunal-transity in the page 5 should be detached for use as the bunal-transity in the page 5 should be page 5 should be page 5 should be page 5 should be page 5 should be page 5 should be page 5 should be page 5 should be page 5 should be page 5 should be page 5 should be page 5 should be page 5 should be page 5 should be page 5 should be page 5 should be page 5 should be page 5 should be page 5 should be page 5 should be page 5 should be page 5 should be page 5 should be page 5 should be page 5 should be page 5 should be page 5 should be page 5 should be p STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Last)	-		2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH
CLAKENCE R. JOHN	isoul, or		09 22	91 1:46 am M
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE	(In yrs. last birthday) IF UNDER MONTHS	1 YEAR F UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
01/1/1/1/12/	67 YRS.		2-2-24	Ma
9e, FACILITY NAME (if not institution, give street and number)	96. GT	, TOWN OR LOCATION OF DE	ATH	DC. COUNTY OF DEATH
RESIDENCE OF DECEDENT	11/0	GTO.		
10e. STATE 10b. COUNTY	10c. CITY, TOWN	OR LOCATION		10d. INSIDE CITY LIMITS?
Ma	19a Ite	)		1 YES 2 NO
10e. STREET AND NUMBER		10f. ZIP CODE	_ 1	log. CITIZEN OF WHAT COUNTRY?
1100 Oolton 01		2/11	/	4.54
11. MARITAL STATUS  1 Never Married 2 Merried  12. WAS DECEDENT EYER FORCES? 1 YES, GIVE WAR OR	3 2 NO	WAS DECENDENT OF HISPAI If yes, specify Cuban, Mexico	n, Puerto Rican, atc.)	Black, White, atc.
3 Widowed 4 Divorced IF YES, GIVE WAR OR	DATES	1 TES 2 NO Specif	<i>i</i> :	Specify: Blade
15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USUAL O	CCUPATION	16b. KIND OF BUSIN	ESS/INDUSTRY
Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of work done life. Do NOT use retired.)	during most or working		
17. FATHER'S NAME (First, Middle, Last)		18 MOTHER'S NA	ME (First, Middle, Maideo Su	mame)
		12150	1 Grotti	2
19e. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRES	S (Street and Number or Rural	Route Number, City or Town,	. /
Joseph Hall	1100 D	ofton st	pt 1005 De	alto Md 2121
1) Burtel 2 Cremation 3 Removal from State	ob. PLACE AND DATE OF DISE	OSITION (Name	DATE 200 LOCA	TION — City of Town, State
21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Garrison	NAME AND ADDRESS OF FA	1 1 1 WII	45/11/15/19
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Sequentially list conditions b.	A CONSEQUENCE OF):	nensgenu 	CA-	years
CAUSE (Disease or injury C.	A CONSEQUENCE OF):			)
PART II. Other algnificant conditions contributing to death	but not resulting in the u	nderlying cause given in		
			PERFORM  1   YES 2	COMPLETION DE CAUSE
				1 YES 2 NO
		10.7	-	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (C	eck only one)	
EXAMINER?  1 YES 2 NO HOSPITAL: 1 Phoetient 2 ER/O	othe othe utpatient 3 □ DOA 4 □ Nu	R: rsing Home 5 🗌 Residence	8 Other (Specify)	
27. MANNER OF DEATH 28e. DATE OF INJUR (Month, Day, Year	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DEŞCRIBE HOW INJ	URY OCCURED
1 Vertural 5 Pending 2 Accident Investigation	M	1 YES 2 NO	-	
s   sould not be   building, etc. (S)	RY — At home, farm, street, fac pecify)	tory, office	281. LOCATION (Street end City or Town, State)	d Number or Rural Route Number,
4 Homicide detarmined				
29a, CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my known one)  2 MEDICAL EXAMINER: On the basis of examinating				
29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NU	MBER	29d. DATE SIGNED (Month, Day, Year)
6. Insed, MD				09/22/91
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Print)			
31. DATE FILED (Month, Day, 169) 32 REGISTRAR'S SI	GNATURE CONTRACTOR			
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DIVISION OF WITAL RECORDS, P.O. BOX 68760,

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retained	TO THE FUNERAL DIRECTURE AND THE CANADA THE DEED SIGNED by the attending physician and completely filled in by the funeral director, page 5 should be detach be filled within 72 to the funeral community.	IMPORTANT: If Item 28 is manned. Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR		RYLAND / DEPA CERTII	RTMENT OF	HEALTH AND	MENTAL HYGIEI REG. NO		1 23303
	1. DECEDENT'S NAME (First, Middle, Last	,				2. DATE OF CEATH	DAY 1	3. TIME OF DEATH
	JAMES  4. SOCIAL SECURITY NUMBER	T.		JETER		09	16 19	991 6:40P M
	250-20-4462	5. SEX 6. A	AGE (In yrs. lest birthday,	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year) 4/13/2	. 8.	BIRTHPLACE (State or Foreign Country)
	90. FACILITY NAME (If not institution, give	"	66 YRS.	Oh CITY TOW	N OR LOCATION OF D		_	"S.C.
<u>۳</u>	UNIVERSITY H		ENTED				9c. COUNTY	Y OF DEATH
5	RESIDENCE OF DECEDENT		PINTEK		ALTIMOR	E CITY		
DIRECTOR	10a. STATE 10b. COUN	TY	10c. CI	TY, TOWN OR LO Baltin				10d. INSIDE CITY
	Md.  10e. STREET AND NUMBER			Dartin				# YES 2 □ NO
₩.		lmondson Ave			101. ZIP CODE 21223	3		IN OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED	13. WAS I		ANIC ORIGIN? (Specify Ye		4. RACE — American Indian.
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 1	R DATES	If yes,	specify Cuben, Mexic 'ES 2 NO Spec	can, Puerto Ricen, etc.)		Black, White, etc. Specify:
							A	Afr. American
H	15. DECEDENT'S EO (Specify only highest grad	de completed)	16e. DECEDENT' (Give kind of life. Do NOT	S USUAL OCCUP.  work done during	NTION most of working	16b. KIND OF BL	SINESS/INDUS	STRY
2	Elementary/Secondary (0-12)	College (1-4 or 5 +)	2.0	ntenanc	e Man	Be	ltway	Motel
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Maider		
BEC	James T. Je	ter Sr.			M	Marion L. G	illiam	1
TO B	190. INFORMANT'S NAME (Type/Print) Viola Mill					Route Number, City or Tov	vn, Stete, Zip Co	ode)
		S	910	Edmonds	on Ave. B	alto. Md.	21223	,
	20a METHOO OF DISPOSITION 10 Burlel 2 Cremetion 3 Res	noval from State	20b. PLACE AND DATE cametery, crematory or Western	OF DISPOSITION other place)				ly or Town, State
	4 Donetion 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	western		9/21/9 AND AGORESS OF F		atonsv	ville, Md.
	1 1.01	y do	9		tep Broth	ers Funera		
	23. PART I. Enter the diseases, or	1 000	ej		1300 Eut	aw Pl. Bal	to. Md	. 21217
	iMMEDIATE CAUSE (Final disease or condition resulting in dasth)	s. HYPERTER	SIVE AR			CARDIOV		Interval Batwean Onset and Dasth
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	bOUE TO (OR A	AS A CONSEQUENCE (			V		
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. DUE TO (OR /	AS A CONSEQUENCE (	DF):				
	DADT ii Other significant condition							
N: MEDICAL	PART II. Other significant condition	ins contributing to deal	n but not resulting	in the underly	ing causa givan in	1 Part I. 24e. WAS AP PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL		OTHER:	PLACE OF DEATH (C)	heck only one)		
PHYSICIAN:	XXYES 2 NO	HOSPITAL:		4 - Nursing H	ome 5 🗆 Residence	6 Other (Specify)		
	27. MANNER OF DEATH  1 Naturel 5 Pending	(Month, Day, Ye		JURY	NJURY AT WORK? YES 2 NO	26d. OESCRIBE HOW	NJURY OCCUR	RED
ВУ	2 Accident Investigation 3 Suicide 6 Could get be	26e. PLACE OF INJ	URY — At home, ferm,			261. LOCATION (Street	and Mumber or	Descrit Descrite March
COMPLETED	4 Homicide 6 Could not be determined	building, etc. (	Specify)			City or Town, State,	and Number of	Hurai Houte Number,
12	29e. CERTIFIER (Check only	SICIAN: To the best of my k	nowledge, death occur	red at the time, d	Ite end place, and du	to the cause/e) and ma	mor on stated	
O	MEDICAL EXAMIN	ER: On the basis of examin	ation end/or investigati	on, in my opinion	, death occured at the	time, date end place, er	nd due to the c	couse(e) end manner ee stated.
BE C	296. HIGHATURE AND TITLE OF CENTURY				29c. LICENSE NU	MBER		Commence of the second
10 8	sunt &	Sell !	1		OCI	ME	▶09	IGNEO (Magrin, Day, 1991
-	30. NAME AND ADDRESS OF PERSON WI	. 1			D	THORE WE		0.4.0.6.5
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S S		STREET	BALT	IMORE, MAR	YLAND	21201
	SEP 24 1991	Julia Davidson	Mandelle					

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	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEP/	ARTME	NT OF	HEALTH AND F DEATH	MENT	AL HYGIEN	412	1 2	5904
200		ERSCHEL 3	TACKS	N	JR	y.	2. DAT	TE OF DEATH	MY G	YEAR	725 P
	4. SOCIAL SECURITY NUMBER 216-22-4646	1 X M 2 □ F 63	(In yrs. last birthda	MONTH		HOURS MIN.	03	E OF BIRTH rith, Day, Year) 19	1928	8. BIRTHPE Country) MARY	ACE (State or Foreign
DIRECTOR	98. FACILITY NAME (If not institution, give sti HARBOR HOSPITAL RESIDENCE OF DECEDENT	reet and number)				MORE	EATH		9c. COU	NTY OF DEA	ТН
	MD ANNE ANNE ANNE ANNE ANNE ANNE ANNE ANN	ARUNDEL		EN B	URNI	E				1	Od. INSIDE CITY LIMITS? TES 2 NO
FUNERAL	7864 Cindy Drive					01. ZIP CODE 21061			U	S.A.	AT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR CATMY 1951-1	2 NO	1	If yes, a	CENDENT OF HISPA specify Cubsn, Maxic S 2 X NO Speci	en, Puerti	ilN? (Specify Ye o Ricen, etc.)	s or No—	Black, \ Specify:	- American Indian, White, atc.
COMPLETED	t5, DECEOENT'S EDUC (Specify only highest grade of Elementery/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	of work don	e durina n	TION nost of working	16	Sb. KIND OF BU		DUSTRY	WILLE
	17. FATHER'S NAME (First, Middle, Last)	NONE	GUARD		-	16. MOTHER'S NA		WELLS Middle, Malden		0	
O BE	CHARLES HERSCHELL  19a. INFORMANT'S NAME (Type/Print)	JACKSON, SR		NG AOORE	SS (Street	MILDREI and Number or Rural		mber, City or Tow	CRU		
2	CHARLES H. JACKSON		Same	as	10						
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)	val from State Car	b. PLACE AND DAT metary, cramatory of arvland	other plac	ol lo	_{lame of} 5 Cemeter	DA Q_			DTCOM	FORREST
	21. SIGNATURE OF EAHERAL SERVICE LICE	INSER	aryrana	2:	SING	LETON FUR	VERA	L HOME			
	23. PART I. Enter the diseases, or co	omplications that cause	d the death. Do	not ente	er tha m	cond Ave	h aa ca	rdiac or reap	Iratory an	eat,	Approximate
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	Metasta	tic L	ung	_ (	Cancin	ome	2			Onset and De
CERTIFICATION	Sequentially list conditions, it sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	OUE TO (OR AS /	A CONSEQUENCE  A CONSEQUENCE	OF):							
7	PART II. Other significant conditions	contributing to death b	out not resulting	In the u	underlylr	ng csuse given in	Part i.	24a. WAS AN PERFOR	RMED?	Al Ct	ERE AUTOPSY FINDING AILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
25. WAS CASE REFERRED TO MEDICAL  EXAMINERR  1   YES 2   NO										YES 2 NO	
Sic.	25. WAS CASE REFERRED TO MEDICAL EXAMINERS  1 YES 2 NO	NOSPITAL:		OTHE	ER:	LACE OF DEATH (Ch					
ву рну	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b, T	ME OF NJURY M	28c. IN.	JURY AT ORK? YES 2 NO		er (Specify) SCRIBE HOW II	NJURY OCC	CUREO	
<u>a</u>	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm	, street, fe	ctory, offic	ca	281. LO	CATION (Street a or Town, State)	and Number	or Rurel Roul	e Number,
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSICI (Check only one) 2 MEDICAL EXAMINER	IAN: To the best of my know	rledge, death occu n and/or investiga	rred at the	time, data	a and place, and due	to the ca	use(s) and mer	nner as atate	ed.	nd manner as stated
TO BE CO	296. SIGNATURE AND TITLE OF CERTIFIER	la Ho	use st	H		29c. LICENSE NUM					orlith, Day, Year)

O COMPLETED CAUSE OF DEATH (ITEM 27) (Type,

DHMH-18 Rev 1/89

Baltimore

THE HIGHEN OF VITAL RECORDS, P.O. BOX 68760,

TO THE HIGHEN OR STEPLAND 21215-0020

TO THE HIGHEN DISCORDER AND THE CONTROL OF THE CONTROL OF THE THIRD CONTROL OF THE CONTROL OF THE THIRD CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF TH

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF I	HEALTH AND		YGIENE EG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) George Car					2. DATE OF C	DEATH	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER							
	215-12-7493	1 🔯 M 2 🗆 F	(In yrs. last birthday) 69 yrs.	MONTHS DAYS	HOURS MIN.		22,1921	BIRTHPLACE (State or Foreign Country) MAryland
œ	9a. FACILITY NAME (If not institution, give				OR LOCATION OF			Y OF DEATH
DIRECTOR	6807 Eastbroom	ok Ave.		Bal	timore		BA.	ltimore
E S	10a, STATE 10b. COUNT	Y	10c. CIT	Y, TOWN OR LOCA	TION			10d, INSIDE CITY
	Md. I	Baltimore		BAlt	imore			LIMITS?
IAL	10e. STREET AND NUMBER			10	f. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL	6807 Eastbro				21	224		USA
BY FU	11. MARITAL STATUS 1  Never Married 2  Married 3  Widowed 4  Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D.	2 100	II yes, sp	CENDENT OF HISP/ pecify Cuban, Maxie 3 2 1 10 Spec	en, Puerto Ricen	pecify Yes or No— 14 , stc.)	RACE — American Indian, Black, White, atc. Specify: White
0	15. DECEDENT'S EDU	JCATION	16a. DECEDENT'S	USUAL OCCUPATE	ON	165 KINI	D OF BUSINESS/INDUS	TOV
Li I	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of v life. Do NOT us	vork done during mo e retired.)	ost of working	Tous Killy	D 01 D031112337111003	1111
MP			MAr	tins				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle	, Maiden Surname)	
BE	John Klausir	ıg						
2	19a. INFORMANT'S NAME (Type/Print)	•	19b. MAILING	ADDRESS (Street	and Number or Rura	Route Number, C	ity or Town, State, Zip Co	ode)
	Andrew Klaus	ing	6807	Eastb	rook A	ve. BA	ltimore	Md.21224
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Ram	novel from State 20b	PLACEAND DATE C	F DISPOSITION (Ne	ame of	DATE	20c. LOCATION — CIT	y or Town, State
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIN	н	ollyHil	1Cemet	ery 9/	24/91	Baltimo	ore Md.
	12 10 -	- 11	1		ND ADDRESS OF F			
	Connelly	untial 1	lome)	Conn	ellyFu:	neralH	ome300MA	AceAve.21221
	23. PART I. Enter the diseases, or shock, or heart billure.	complications that caused List only one cause on a	the death. Do n	ot enter the mo	de of dying, au	ch ea cardiac	or respiratory arrea	Approximeta
	IMMEDIATE CAUSE (Finel disease or condition						`	Onset and Death
	resulting in death)	HOUTE	MY DE	ARMAL	INF	Arzeria	V	
		CORONA		MERY		8 F		
Ó	Sequentielly flat conditions, if any, leeding to immediate	D	CONSEQUENCE OF		131800	80		
S	cause. Enter UNDERLYING			,				
E	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	):				
CERTIFICATION	resulting in deeth) LAST	d						
_1	PART II. Other significent condition	ne contributing to deeth b	ut not resulting is	the underlying	2 Cause olven In	Bort I Dr.	WAS AN AUTOPSY	
PHYSICIAN: MEDICA		_		are underlying	g cause given in		PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
						¹□	YES 2 NO	OF DEATH?
2						-		1 TES 2 NO
₹ I	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (C/	hack only one)		
Sic	EXAMINER?	HOSPITAL: 1   Inpetient 2   ER/Outpi		OTHER:				
Ŧ	27. MANNER OF DEATH	28a. DATE DF INJURY	28b. TIME	OF 28c, 1NJ	8 Dealdenca		cify) E HOW INJURY OCCUR	FD
BY F	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	44	RK? YES 2 NO			
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, atc. (Speci	— At home, farm, st	reet, factory, office		281. LOCATION	(Street and Number or	Rural Route Number,
COMPLETED	4 Homicide determined		,			City or Tow	n, State)	
2	29a. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the beat of my knowle	edge, death occurre	d at the time, data	and place, and due	to the crime(s)	and manner as stated	
8	one) 2 MEDICAL EXAMINE	R: On the besis of exemination	and/or investigation	, in my opinion, d	eath occured at the	time, data and p	place, and due to the c	ause(s) and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER		,		29c. LICENSE NU			GNED (Month, Day, Year)
	Marcio M	1 Menend	OZ MO		D076		► 91	24/91
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	Print)		. /	- 1	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA						
	SEP 24 1991	John Davidson-A	andelle					

32. REGISTRAR'S SIGNATURE Alia Tavidson-Randole

Pr. .

N: The cate State	cerr cate of State of the State
AN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  Cate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sh State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	PROBLEM IN The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicism and completely filled in by the funeral director, page 5 should be detached for use as the burial- in its State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
Cate State	cerr cate
	S S S S

	FOR 1 STATE		STATE OF M	ARYLAND /	DEPART	MENT O	F HEALTH	AND ME	NTAL HYGIEN	E 5	)   ;	25906
	REGISTRAR  1. DECEDENT'S NAME (First	l, Middle, Last)	/ James	A, Lo		CATE	OF DEAT	2.	REG. NO.		YEAR 3.	TIME OF DEATH
	Jane	5	T. 60	ng					9 27	_	77	250 A
	4. SOCIAL SECURITY NUMBER 3//-20-7		5. SEX	6. AGE (In yrs. les		IF UNDER 1 YE	AR IF UNDER		DATE OF BIRTH (Month, Day, Year) 6/6/26		Country)	CE (State or Foreign
	9a. FACILITY NAME (If not in		Inset and number)	0,5		OF OUTY TO	100 100 100				In	
OB	Unive	ersity	Hospital				wn on Location			9c, COUN	TY OF DEATH	1
<u>[</u>	RESIDENCE OF DEC	10b. COUNT	,		1							
DIRECTOR	Md.	IOD. COURT				rown or L Balti					- 1	LIMITS?
FUNERAL	10e. STREET AND NUMBER		dson Ave.	Apt.	2 A.		101. ZIP CODE			10g. CITIZ	EN OF WHAT	
뿔												
5	11. MARITAL STATUS 1  Never Married 2	Mandad	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AR	MED 10	13. WAS	DECENDENT OF	HISPANIC C	RIGIN? (Specify Yearsto Rican, atc.)	or No-	IA. RACE - A	American Indian, ilta, atc.
B≼	3 Widowed 4 Divo			H VES 2 1			YES 2 NO	Specify:	rarto recan, atc.)		Specify:	ma, att.
			11/46	12/4	7						Afr. A	American
E	15. DEC (Specify onl)	EDENT'S EDU y highest grade	CATION completed)	18a, DE	CEDENT'S U	SUAL OCCUI	PATION	,	166. KIND OF BUS	INESS/INDU	STRY	
Ш	Elementary/Secondary (0	1-12)	College (1-4 or 5+)	lite.	Do NOT use	retired.)	g most of working	,				
₩.					Truck	k Dri	ver					
COMPLETED	17. FATHER'S NAME (First, M						18. MOTH	ER'S NAME (	First, Middle, Maiden	Surnama1		
	A	lbert	Mitchel	1					Mae M		11	
B	19s. INFORMANT'S NAME (	Ima/Print)		1.00								
유	Mildred	Long	g	196	1720	Edmo	ndson A	ve. A	Number, City or Town pt. 2 A.	Balt	o. Md	. 21223
	20a. METHOD OF DISPOSIT			20b. PLACE	MODATEOE	DISPOSITION	M (Nama of		DATE 20c. LOC	NATION O	ity or Town, S	
	1 \$\mathbb{H}\$ Burial 2 \( \text{Donation} \) Crematic 4 \( \text{Donation} \) Donation 5 \( \text{Donation} \) Other		oval from State	cemetery_cre	metory or other	er place)		1				
	21, SIGNATURE OF FUNERA		ENGEE /	Ga	rriso	_				ings	Mills.	, Ma.
	7	0	11 1	1			E AND ADDRES		s Funera	1 11	A C	
	16	11 1	1 02	Llev	2	1	300 Ent	ounei	. Balto.	MA MA	2121	
	23. PART I. Enter the d	sesses, or o	omplications that	caused the de	ath. Do no	t enter the	mode of duin	aw 11	. Darto.	rid.	2121	
	shock, or h	eart fallure.	rist offiny one caus	e ou each nue				g, euch se	cerdiec of respir	atory erre	51,	Approximate intervsi Between
1 1	IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  e. Septic Shock  Due to for as a consequence of:  Sequentially list conditions,  DIE TO (OR AS A CONSEQUENCE OF):								Onset and Death			
	resulting in death)	<b>→</b>	e. Je	otic	Sho	hock						24 hour
			DUE TO	OR AS A CONSEC	DUENCE OF):							
Z			. //	ostate	2 C	mce	1					
[윤]	Sequentially list conditi if any, leading to imme-		DUE TO (	OR AS A CONSEC	UENCE OF):							
3	cause. Enter UNDERLYI	NG									1	
Ē	CAUSE (Disease or inju thet initiated events	ry .	DUE TO (	OR AS A CONSEC	UENCE OF):							
CERTIFICATION	resulting in death) LAS	T I									1	
뜅											-	
ابا	PART II. Other significe	nt condition	s contributing to d	eeth but not re	esuiting in	the underl	ying ceuse gi	ven in Part	i. 24a, WAS AN	UTOPSY	24b. WER	E AUTOPSY FINDINGS
MEDICA									PERFOR	MED?	AVAI	LABLE PRIOR TO
요									1 TYES 2	NO		DEATH?
											1 🗆	YES 2 NO
SICIAN:												
8	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL				20	L PLACE OF DE	ATH (Check of	nly one)			
S	1 TYES 2 NO		HOSPITAL:	ER/Outpatient 3		THER:	Home 5 🗆 Rasi	dence 0 -	Other (Spenish)			
РНУ	27. MANNER OF DEATH		28a. DATE OF II		28b. TIME (		INJURY AT		. DESCRIBE HOW IN	HIRV OCCI	DCD.	
		Pending	(Month, Day	Year)	INJUR	IY	WORK?		. OLSCRIBE HOW IN	JUHY OCCU	REU	
B	2 Accident	investigation	20. 21.105.00									
	- (7)		building, et	INJURY — At hor c. (Specify)	ne, ferm, stre	et, factory, o	office	281.	LOCATION (Street as City or Town, State)	nd Number or	Rural Route	Number,
		Could not be							,			
ш		Could not be detarmined										
ETE	4 Homicide	detarmined		v knowledge, day	ath occurred	et the time	date and place	and due to th				
ETE	4 Homicide  29a. CERTIFIER (Check only 1	IFYINO PHYSI	CIAN: To the best of m	ly knowledge, dai	offit occurred	st the time,	data and place, on	and due to th	e cause(s) and man	ver an stated	l.	
ш	4 Homicide  29a. CERTIFIER (Check only one)  2 MEDI	Setermined  IFYINO PHYSH  CAL EXAMINE	CIAN: To the best of m	ny knowledge, dan minstion and/or in	ath occurred	st the time, o	data and place, on, death occured	and due to the	e cause(s) and mani data and place, and	dua fo the	cause(a) and	menner as stated.
E COMPLETE	4 Homicide  29a. CERTIFIER (Check only 1	Setermined  IFYINO PHYSH  CAL EXAMINE	CIAN: To the best of m	ny knowledge, dan minstion and/or in	nth occurred	st the time, o	n, death occure	and due to the time,	e cause(s) and mani data and place, and	dua fo the	cause(a) and	
BE COMPLETE	4 Homicide  29a. CERTIFIER (Check only one) 2 MEDI  29b. SIGNATURE AND TITLE	IFYINO PHYSIC CAL EXAMINEI OF CERTIFIER	CIAN: To the best of man. On the basis of axa	minstion and/or in	Les t	In my opinio	n, death occure	d at the time,	e cause(s) and mani data and place, and	dua fo the	cause(a) and	
E COMPLETE	4 Homicide  29a. CERTIFIER (Check only one) 2 MEDI  29b. SIGNATURE AND TITLE	IFYINO PHYSIC CAL EXAMINEI OF CERTIFIER	CIAN: To the best of m	minstion and/or in	Les t	In my opinio	n, death occure	d at the time,	e cause(s) and mani data and place, and	dua fo the	cause(a) and	
BE COMPLETE	4 Homicide  29a. CERTIFIER (Check only one) 2 MEDI  29b. SIGNATURE AND TITLE	IFYINO PHYSIC CAL EXAMINEI OF CERTIFIER	CIAN: To the best of man.  R: On the basis of axa.  COMPLETED CAUSE	OF DEATH (ITEN	Last 127) (Type, Pr	in my opinio	n, death occured	d at the time,	deta and place, and	dua fo the	cause(a) and	
BE COMPLETE	4 Homicide  29a. CERTIFIER (Check only one) 2 MEDI  29b. SIGNATURE AND TITLE	IFYINO PHYSIC CAL EXAMINEI OF CERTIFIER PERSON WHO	CIAN: To the best of man.  R: On the basis of axa.  COMPLETED CAUSE  COMPLETED CAUSE	OF DEATH (ITEN	Lest 127) (Type, Pr	in my opinio	n, death occure	d at the time,	deta and place, and	dua fo the	cause(a) and	

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR	TMENT 0	F HEALTH	AND I		YGIEN EG. NO	E 15	1 15	1.0001
	1. DECEDENT'S NAME (First, Middle Le	COE	mA	RY	Lec	oneida		2. DATE OF DE	EATH DA	2	YEAR 3	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 214~14~4508  9a. FACILITY NAME (If not institution, given	5. SEX 1 M 2 F	8. AGE (In yrs. les	yrs.	IF UNDER 1 YE	YS HOURS	MIN.			2/	6. BIRTHPL Country). Balti	more, Md.
TOR	Siani Hospital	ve street end number)				wn on Locat	ION OF DE	EATH			1timo	
DIRECTOR	Maryland 10b. cou	Baltimore			, TOWN OR L							Od. INSIDE CITY LIMITS?  YES 2 NO
ERAL	10%. STREET AND NUMBER 6707 Longhill				1011101	101. ZIP COD	-			10g. CITI	ZEN OF WHA	AT COUNTRY?
BY FUNERAL	11. MARITAL STATUS t Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN	T EVER IN U.S. AR YES 2 XI	IMED NO	If yes	DECENDENT	OF HISPAN	ilC ORIGIN? (Spon, Puerlo Rican,	ecify Yee etc.)		14. RACE — Black, V	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12)	DUCATION inde completed) College (t-4 or 5	(G life.	CEDENT'S ive kind of w Do NOT us		PATION g most of worki	ing		of Bus	SINESS/IND		
BE CO	17. FATHER'S NAME (First, Middle, Last)  Julius Jacobs						Sarah	ME (First, Middle, 1_Hunt	Maiden	Sumame)		
2	199. INFORMANT'S NAME (Type/Print)  Gina Black		191					Poute Mumber, Cit Balti				07
	20e. METHOD OF DISPOSITION 1 A Burlel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	-	20b. PLACE A	ANDDATEO	F DISPOSITION Per place) Fores t	M (Nama at			20c. LO	CATION - C	City or Town	
	21. SIGNATURE OF FUNERAL SERVICE.	Beaum	la.			lliam 06-08			ommu	inity	Fune	ral Home . Md.21217
	23. PART FEnter the diseases, of ahock, or heert fellur IMMEDIATE CAUSE (Finel disease or condition resulting in death)	s	t caused the de	A	dence the	mode of dy	ing, auch	oma	r respl	retory srre	eat,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentisily list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in deeth) LAST	b	(OR AS A CONSEC	DUENCE OF	):							
MEDICAL CE	PART II. Other significent condition	Dns contributing to	deeth but not n	esulting in	n the underl	ying ceuse	given in i	'	WAS AN PERFOR	A	AM CC OF	ERE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION DF CAUSE F DEATH?  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26 OTHER:	. PLACE OF D	EATH (Che	ock only one)				
BY PHYS	1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation Investigation	26e. DATE OF (Month, Di	INJURY		4 Nursing I	INJURY AT WORK?	- 1	6 Other (Spec 26d, DESCRIBE		JURY OCC	URED	
	3 Suicide 6 Could not b	26e. PLACE O	F INJURY — At horetc. (Specify)	me, farm, st	treet, factory, o	offica		261. LOCATION City or Town	(Street a	nd Number o	or Rural Rout	e Number,
COMPLETED		YSICIAN: To the best of				n, death occur	red at the t	time, date end pi				id manner as stated.
TO BE	30. NAME AND ADDRESS OF REISON	RIW	THE OF DEATH (ITEN	27) (Type I	Print)	29c. LICI	ENSE NUMI	BER	6	DATE Se	pt.	22,91
- 1	SIN	AP H	OLDI	71	PL	211	YCL	ント	15	TE	= n	1. A

isit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21216-002

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or in THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

31. DATE FILEDITION OF

2.4

1881

32. REGISTRANT SICHATURE

DHMH-16 Rev 1/89

To Me Grans

31. DATE FILED (Month, Day, Year)
SEP 2 4 1991

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randalle

BALTIMORE, MARYLAND 21215-0020  are after death. Page 6 may be retained by the hospital or attending physician. In by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should edical examiner must be notified at once.	
DIVISION OF VITALE CORDS, P.O. BOX 68760,  TO THE HOSPITAL OR ATTENDING PHYSICIAN: TO THE HOSPITAL OR ATTENDING PHYSICIAN: TO THE FUNERAL DIRECTOR: After this cartifical within 12 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this cartifical within 12 hours after death with he Standard within 12 hours after death with he Standard Mandal Hyghere prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE OF N	IARYLAND / DEPART	MENT OF HEALTH AND		91 25908
	1. DECEDENT'S NAME (First, Middle, Last)	MAG LE	CATE OF DEATH	REG. NO.  2. DATE OF DEATH MONTH DAY  2. (	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 214-34-3834 1 □ M 2 XF	6. AGE (In yrs. last birthday)	F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8-11-32	8. BIRTHPLACE (State or Foreign Country)
DIRECTOR	9a, FACILITY NAME (If not institution, give, street and number)  ADDYY  MEDICAL COL  PRESIDENCE OF DECEDENT	enter "	Ba H	DEATH 9c. CC	DUNTY OF DEATH
	10e. STATE 10b. COUNTY	10c. CITY	TOWN OR LOCATION		10d, INSIDE CITY LIMITS? 1 NES 2 NO
FUNERAL	2529 Loyola Nort	hway	101. ZIP CODE 2/2	INIC ORIGIN? (Specify Yes or No—	TIZEN OF WHAT COUNTRY?
В	1  Never Married 2 Married FORCES? 1 3 Wildowed 4 Divorced IF YES, GIVE W	YES 2 NO	If yes, specify Cuban, Maxic	an, Puarto Rican, etc.)	14. RACE - American Indian, Black, Whita, atc.  Specify: Black
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +		k done during most of working	16b. KIND OF BUSINESS/II	NDUSTRY
BE COM	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S N	AME (First, Middle, Meiden Surname)	
20	Bernard Le	7529	PORESS (Street and Number or Rural  104000 16	Route Number, City or Town, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, State, St	the, red 21215
	1) Burlet 2 □ Crematory 2 □ Removal from State 4 □ Donation 5 □ Other (Recity) 21. BIGNATURE OF FUNCTS SERVICE LICENSEE	20b. PLACE AND DATE OF	DISPOSITION (Name of Police)  SUN FOVEST  22 NAME AND ADDRESS OF F.	926-91 DW, No	45 HILLS, MI
	· Shall Wond		March F	HWest	h Are
	23. PART I. Enter the dispress, or complications that shock, or heart failure. List only one cause IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (	OR AS A CONSEQUENCE OF):	enter the mode of dying, au	ch as cerdiac or respiratory a	Approximata Interval Batween Onset and Death
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	OR AS A CONSEQUENCE OF):			
CERT	resulting in deeth) LAST				
MEDICAL	PART II. Other eignificent conditions contributing to diabete.  Multiple sclerosis.	eath but not resulting in t	he underlying ceuse given in	Part I. 24a. WAS AN AUTOPS' PERFORMED? 1 TYES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIDR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	I o	28. PLACE OF DEATH (C/	eck only one)	
<u>₹</u>		ER/Outpatient 3 DOA 4	☐ Nursing Home 5 ☐ Residence	6 Other (Specify)	
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	( Year) INJUR	WORK?  M 1 WES 2 NO	28d. DESCRIBE HOW INJURY OF	
ETED	4 Homicide determined	INJURY — At home, farm, stre- ic. (Specify)		281. LOCATION (Street and Number City or Yown, State)	
COMPLE	(Check only one)  2 MEDICAL EXAMINER: On the bests of axe	ny knowledge, death occurred a mination and/or investigation, i	t the lime, data and place, and due n my opinion, death occured at the	Io the cause(a) and manner as at lime, data and place, and due to	ated. The cause(s) and manner as stated,
O BE	296. SIGNATURE AND TIDLE OF CEMIFIER	. 16	ain 29c, LICENSE NUI		TE SIGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type, Pri	nt)		

be retained by the hospital or attending physician.	de 5 should be detached for use as the burial-transit permit Panes 1 2 3 should	2000	be notified at once.
of the control of the law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	The Diffect After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5	hin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	VT: Il Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be
TO THE	TO THE #	be filed w	IMPORT

\$EP 24 1991

Julia Jandon-Mandoll

1. OECEDENT'S NAME (First, Middle, Last)		CERTII			1			
	· MASSI	DILL			2. DATE MONTH	OF DEATH DAY	20	YEAR
4. SOCIAL SECURITY NUMBER	1	E (In yrs. lest birthday,	) IF UNDER 1 YEA	AR IF UNDER 24 HRS.		OF BIRTH	4	8. BIRTHPLACE (State or For
215 - 25 - 8125	1 - M 2 DEF	74. YRS.	MONTHS DAY			Day, Your)	1	Maryland S
Se. FACILITY NAME (If not institution, give s			9b. CITY, TOW	WN OR LOCATION OF	-			TY OF DEATH
RESIDENCE OF DECEDENT	SPITAL		BAL	TIMOR	E		BAL	TIMORE
10a. STATE 10b. COUNTY	Y	10c. CI	ITY, TOWN OR LO	CATION				10d. INSIDE CITY
	TIMORE	B	ALTIN	LORE				LIMITS?
104. STREET AND NUMBER				10f. ZIP CODE	_		10g. CITIZI	EN OF WHAT COUNTRY?
	EWOOD A			21215			U .:	s. A.
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S Z NO	If yes,	DECENOENT OF HISP s, specify Cuben, Maxi YES 2 NO Spec	can, Puarto R	? (Specify Yea o lican, atc.)	r No- 1	14. RACE — American Indian Black, White, etc.  Specify: BLAC
15. DECEDENT'S EDUC (Specify only highest grade	CATION COmpleted	16a. DECEDENT	S USUAL OCCUP	ATION	16b.	KINO OF BUSH	NESS/INDU	
Elementery/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	use retired.)	) Most of working				
17. FATHER'S NAME (First, Middle, Last)								
HOWARD FITCHES	mm			18. MOTNER'S N				
19a. INFORMANT'S NAME (Type/Print)	TT	195. MAILIN	Anness (Str	PAN Peet and Number or Rura		IAYMAN		
WILLIAM MASSDI	N			EWOOD A				ORE,MD 212
20a METNOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Reme	20	Ob. PLACE AND DATE	OFDISPOSITION	(Name of	DATE			lty or Town, State
4 Donellon 8 Other (Specify)	oval from State	emetery, crematory or King Men	other plece)	D 1	1			
		ring Mer	norial	Park		Bal	PTIIIC	me. Maryi
21. BIGNATURE OF FUNERAL SERVICE LIC		ting Mer	# 22. NAME	E AND AGORESS OF				ore, Maryl
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	TO THE MESTILE AND ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	fatach	the second second second with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF	HEALTH AND	MEN	TAL HYGIEN			259	10
	1. DECEDENT'S NAME (First, Middle, Last)						ATE OF DEATH	44	3.	TIME OF DE	ATN
	Alfred	MARTINS S					ptember		991 1	1:59	A M
	4. SOCIAL SECURITY NUMBER	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	n yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7 D4	TE OF BIRTH		BIRTHPL	ACE (State or	Foreign
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DIRECTOR	Franklin Squ	lare Hospit	aı		Rossvil	те		Balt	more	Coun	ty
l Ä	10a. STATE 10b. COUNT	Y	10c, CITY	r, TOWN OR LOCA	ATION				10	d. INSIDE CI	TY
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1AL	10a. STREET AND NUMBER			1	H. ZIP CODE			10g. CITIZE		T COUNTRY	X
FUNERAL		powder Road			212	20		1	JSa		
5	11. MARITAL STATUS  1 Never Married 2 Harried	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMEO	13. WAS DE	CENDENT OF HISPA	ANIC ORI	GIN? (Specify Yes	or No- 1	4. RACE Bisck, W	American In	dlen,
B	3 Widowed 4 Divorced	FORCES? 1 YES	TES	1 - YE	B 2 NO Spec		to recen, etc.)			hite	
	15. DECEDENT'S EDU	ICATION	16s. DECEDENT'S	IISUAL OCCUPAT	ION .					111 00	
E	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of w life. Do NOT us	ork done during me retired.)	ost of working		16b. KIND OF BUS	SINESS/INDU	STRY		
AP.		55.10ge (1-4 51 5 4)	Motor	Freigh	nt						
COMPLETED	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S N	AME (Firs	st, Middle, Maiden	Surname)			
BE (	Louis Marti	ns					opkins				
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rura	Route N	umber, City or Town	n, State, Zip C	ode)		
-	Eleanor Marti		732	8A Gur	powder	Roa	d BAlt	imore	e Md	.2122	20
	20a, METNOD OF DISPOSITION 1 A Burlet 2 Cremation 3 Rem	ioval from State ceme	PLACE AND OATE O		ame of	0	ATE 20c. LO	CATION — CI	y or Town,	State	
1	4 Donation 5 Other (Specify)	G	arrison	Forest	Cemete	ry9	/25/91	Bal	Limo	re Mo	1.
	A A -	CENSEE A . I		22. NAME A	ND ADDRESS OF F	ACILITY					
	Comellet	inelal Ho	me	Conr	ellyFu	ner	alHome	300M	AceA	ve.2	L221
	23. PART I. Enter the diseases, or abook, or heart takings	complications that caused List only one cause on as	tha daath. Do n	ot antar tha m	ode of dying, au	ch aa c	ardiac or reapl	ratory arrea	ıt,	Approxi	
	IMMEDIATE CAUSE (Final	List only one cause on as	Cir iiria.							Onset ar	
	disease or condition resulting in death)	Acute Respir	ratory D	istress	Syndrom	e					
		DUE TO (OR AS A	CONSEQUENCE OF	):							
ON	oodournelly het conditions,	Colocutaneous	Fistula	a							
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	Asbestosis	CONSEQUENCE OF	):							
E	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A (	CONSEQUENCE OF	);							
F	resulting in death) LAST	Chronic Obstr			rv Disea	se					
	PART II Other cloudings on dist										
CAL	PART II. Other algnificant condition		t not resulting in	tha underlyin	g cause given in	Part I.	24s. WAS AN A			RE AUTOPSY	
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Σ	Congestive Heart								10	YES 2	NO
PHYSICIAN:	Severe Periphera 25. WAS CASE REFERRED TO MEDICAL	1 Arterioscle	erotic He								
S	EXAMINER?	HOSPITAL:		28. P	LACE OF DEATH (C	heck only	one)				
H	27. MANNER OF DEATN	28s. DATE OF INJURY	Ilent 3 OOA		e 5 🗆 Residence						
	XX Natural 5 Pending	(Month, Day, Year)	INJU	RY WO	PURY AT PRK? YES 2 NO	26d. D	ESCRIBE NOW IN	JURY OCCUP	RED		
ЭВУ	2 Accident Investigation 3 Suicide & Could not be	26e. PLACE OF INJURY -	- At home, term, st			201.10	CATION (Stead or	and Abrimbian and	0		
COMPLETED	4 Nomicide 6 Could not be	building, etc. (Specif)	1)	,,,	•	CA	CATION (Street as by or Town, State)	ra number or	HURII HOUTE	Number,	
Ä	29s. CERTIFIER 1 T CERTIFYING PNYS	CIAN: To the heat of my browle	4 4								
N N	(Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my knowled R: On the basic of examination of	end/or investigation	. In my polnion, c	and place, and due	time de	ause(s) and man	her as stated.	4.		
	29b. SIGNATURE AND TITLE OF CERTIFIER						ne and place, and				
BE	Gong Press In	). Varian	0		29c. LICENSE NU	MBER		29d. DATE S	- 1	th, Day, Year,	100/
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DEAT	N (ITEM 27) (Type I	Print)					9	METHOD !	177
	Jonathan Simon		Frankli		e Drive	Ba	ltimore	MD	2123	7	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	URE	1 1				עוני	444		
	SEP 24 1991	Julia Davidson- 4	andelle								

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1. DECEDENT'S N	EPH	FRANCIS	muo	LO		2. DATE OF DEATH	122 q	3. TIME OF DEATH
4. SOCIAL SECURI	6-7834	5. SEX 6 1 M 2 F	AGE (In yrs. last birthday) 7 1 YRS.	# UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Sept. 13	(	BIRTHPLACE (State or Foreign Country)
	outheas	atreet and number) tern Terr	ace	96. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY	
RESIDENCE O	Id.		Inc Cit	Y, TOWN OR LOCA			ва	10d. INSIDE CITY
100. STREET AND	NUMBER				H. ZIP CODE		10g. CITIZEN	1 TYES 2 NO
279 S RESIDENCE O 10a. STATE M 10a. STREET AND 279 11. MARITAL STATE 1 Never Marrie 3 Wildowed	US d 2 Married	12. WAS DECEDENT EX FORCES? 1   IF YES, GIVE WAR	VER IN U.S. ARMED YES 2 NO	If yes, s	212 CENDENT OF NISPAN pecify Cuban, Mexical 8 2 NO Specify	IIC ORIOIN? (Specify Yen, Puerto Rican, etc.)		SA  RACE — American Indian, Black, White, etc.  Specify: White
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	DISPOSITION  Cremation 3  Rei	moval from Stata	20b. PLACE OF DISPO other place) HOILYHI	SITION (Name of o	emetery, cremetory or	20c. L	OCATION — City	
	FUNERAL SERVICE L	ICENSEE	11.	22. NAME /	AND ADDRESS OF FA	CILITY		ceAve.21221
Sequentially list if any, leading cause. Enter U CAUSE (Disease that initiated erreaulting in daily	to immediate NDERLYING se or Injury venta	C	AS A CONSEQUENCE O					
PART II. Other	aignificant condition	y pertino	4	in the underlyi	ng causa given in		N AUTOPSY DRMED? 2 M NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REI EXAMINER? 1  YES 2 [ 27. MANNER OF D	FERRED TO MEDICAL	HOSPITAL:	R/Outpetlent 3 DOA	OTHER:	PLACE OF DEATN (Ch			
27. MANNER OF D Netural 2 Accident		28s. DATE OF IN. (Month, Day,	JURY 26b. TII	ME OF 28c. II	JURY AT /ORK?	28d. DESCRIBE NOW	INJURY OCCUP	RED
2 Cristelele	6 Could not b	28e. PLACE OF II	NJURY — At home, farm, . (Specify)	street, factory, of	lea	28f. LOCATION (Street City or Town, State		Rural Route Number,
4 Homicide  29a. CERTIFIER (Check only one)		SICIAN: To the best of my						cause(s) and manner as stated.
J.C.	AND TITLE OF CERTIF	aformer-			DU 76	3Z	29d. DATE S	1GNED (Month, Day, Year) - 22-91
Tick	ossan	O DONOV	AN 21	12 )	andAr	KAVE.	BAL	70, m) 2122
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TO THE HISSTY LORAIT ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE PLY THAT CONCOUNT, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the funeral director, page 5 should be detached.	MPORTANT If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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10. STREET AND NUMBER  833 W. Pratt St. Apt. 107  11. MARITAL STATUS  1   Never Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Marrie	10d. INSIDE CITY ,, LIMITS?
11. MATTAL STATUS   12. WAS DECERTEFUR N U.S. AMBED   13. WAS DECERDED TO BEDGE ORGANIT (Bipertry Na or PORCEST   1   12. St. 2   2   2   2   2   2   2   2   2   2	1 1 YES 2 □ NO
PORCEST 1   YES 2   NO   If yes, negotity Cuben, Mastein, Pustfo Ricen, etc.)	USA
College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)   College (1-4 or 5 +)	or No- 14. RACE — American Indian, Black, White, etc.  Specify: Afr. American
T. FATHER'S NAME (First, Mickin, Last)   18. MOTHER'B NAME (First, Mickin, Maidin, Last)   190. MARING ADDRESS (Street and Number or Raral Fours Number, City or Som. Mary Hicks   190. MARING ADDRESS (Street and Number or Raral Fours Number, City or Som. Mary Hicks   190. MARING ADDRESS (Street and Number or Raral Fours Number, City or Som. Mary Hicks   200. PLACE AND DATE of DISPOSITION (Name of Cantre Mary Street and Number or Raral Fours Number, City or Som. 1 (Jahrets 2)   Commission 3   Other (Specify)   1 (Jahrets 2)   Commission 3   Other (Specify)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahrets 2)   1 (Jahret	
99. INFORMANT'S NAME (P)poPitrist  Mary Hicks  199. MAILING ADDRESS (Street and Number or Rural Routs Number, City or Pown, 833 W. Pratt St. Apt. 615 Ba.  200. METHOD OF DISPOSITION  11/Brurial 2 (1 Cremation 3   Removed from State of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment of comment	
19a. INFORMANT'S NAME (Type/Print)  Mary Hicks  20a. METHOD OF DISPOSITION   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary   Glibrary	
Mary Hicks 833 W. Pratt St. Apt. 615 Ba.  20a. METHOD OF DISPOSITION   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   D	
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21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY EStep Brothers Funeral 1300 Eutaw P1. Balto 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respire shoets, or heart failure. List only one cause in each line.  IMMEDIATE CAUSE (Finel diseases or conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  A.  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  A.  DUE TO (OR AS A CONSEQUENCE OF):  A.  DUE TO (OR AS A CONSEQUENCE OF):  A.  DUE TO (OR AS A CONSEQUENCE OF):  A.  DUE TO (OR AS A CONSEQUENCE OF):  A.  DUE TO (OR AS A CONSEQUENCE OF):  A.  DUE TO (OR AS A CONSEQUENCE OF):  A.  DUE TO (OR AS A CONSEQUENCE OF):  A.  DUE TO (OR AS A CONSEQUENCE OF):  A.  DUE TO (OR AS A CONSEQUENCE OF):  A.  DUE TO (OR AS A CONSEQUENCE OF):  A.  DUE TO (OR AS A CONSEQUENCE OF):  A.  DUE TO (OR AS A CONSEQUENCE OF):  A.  DUE TO (OR AS A CONSEQUENCE OF):  A.  DUE TO (OR AS A CONSEQUENCE OF):  A.  DUE TO (OR AS A CONSEQUENCE OF):  A.  DUE TO (OR AS A CONSEQUENCE OF):  A.  DUE TO (OR AS A CONSEQUENCE OF):  A.  DUE TO (OR AS A CONSEQUENCE OF):  A.  DUE TO (OR AS A CONSEQUENCE OF):  A.  DUE TO (OR AS A CONSEQUENCE OF):  A.  DUE TO (OR AS A CONSEQUENCE OF):  A.  DUE TO (OR AS A CONSEQUENCE OF):  A.  DUE TO (OR AS A CONSEQUENCE OF):  A.  DUE TO (OR AS A CONSEQUENCE OF):  A.  DUE TO (OR AS A CONSEQUENCE OF):  A.  DUE TO (OR AS A CONSEQUENCE OF):  A.  DUE TO (OR AS A CONSEQUENCE OF):  A.  DUE TO (OR AS A CONSEQUENCE OF):  A.  DUE TO (OR AS A CONSEQUENCE OF):  A.  DUE TO (OR AS A CONSEQUENCE OF):  A.  DUE TO (OR AS A CONSEQUENCE OF):  A.  DUE TO (OR AS A CONSEQUENCE OF):  A.  DUE TO (OR AS A CONSEQUENCE OF):	ATION City or Town, State
Estep Brothers Funeral  1300 Eutaw P1. Balto  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respire shobt, general feliure. List only one cause to each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  CLOSE (Pinel disease or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CON	onsville, Md.
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respire shock, or near fellure. List only one cause to each line.  IMMEDIATE CAUSE (Final Cause)  Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or input) that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE	
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2   Accident 3   Suicide 4   Homicide  29e. CERTIFIER (Check only one)  29e. SIGNATURE AND TITLE OF CERTIFIER  5   Pending Investigation   1   YES 2   NO  26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  1   YES 2   NO  26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  27e. LOCATION (Street and City or Rown, State)  28f. LOCATION (Street and City or Rown, State)  28f. LOCATION (Street and City or Rown, State)  28f. LOCATION (Street and City or Rown, State)  28f. LOCATION (Street and City or Rown, State)  29f. LOCATION (Street and City or Rown, State)  28f. LOCATION (Street and City or Rown, State)  28f. LOCATION (Street and City or Rown, State)  28f. LOCATION (Street and City or Rown, State)  28f. LOCATION (Street and City or Rown, State)  28f. LOCATION (Street and City or Rown, State)	JURY OCCURED
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$\alpha_1 \alpha_1 \ldots \alpha_r = \alpha_1 \alpha_1 \alpha_1 \alpha_1 \alpha_1 \alpha_1 \alpha_1 \alpha_1 \alpha_1 \alpha_1$	29d. DATE BIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	1/10/11
700 reskington Blod. Banto. ND 21230	)

July Davidson-Randoll



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BALTIMORE, MARYLAND 21215-0020	The law requires, that the death certificate be executed within 24 from many from 6 may be retained by the hospital or attending physician.  The law requires that the attending physician and completing filled in by the finance, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should have and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN. THE TWO INDICATES THE TWO INTERPRETATIONS THE TO THE HOSPITAL OR ATTENDING PHYSICIAN. THE TWO INTERPRETATIONS After this certification and the properties of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the think of the	iMPORTANT: If item 28 is marked, entirem 23 shows any injury, or other traumatic event, the

	1 - STATE REGISTRAR STATE OF MARYLAND C	/ DEPARTMENT OF ERTIFICATE O	HEALTH AND A	MENTAL HYGIEN	E	
	1. OECEDENT'S NAME (First, Middle, Last)  GETRUDE  GETRUDE  M. GETTRUDE  M. GETTRUDE	Mullen		2. DATE OF DEATH MONTH DA		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. In $215-01-8771$ 1 $\square$ M 2 $\square$ F	ST VRS. MONTHS DAY		7. DATE OF BIFTH (Morthy Day, Year)	8, BIRT	
-	9e. FACILITY NAME (If not institution, give street end number)		N OR LOCATION OF DE		9c. COUNTY OF	Lto. MD.
DIRECTOR	Sinai Hospital	H	altimore			
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FUNERAL	2803 Upridge Court Apt. C  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. AI	RMFO 13 WAS I		0.0010111010	U.S.	
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김	Elementary/Secondary (0-12) College (1-4 or 5+)  7th Grade	Seamstress		Criof	Clothi	2.0
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TO E	19e. INFORMANT'S NAME (Type/Print)	b. MAILING ADDRESS (Street	t and Number or Rural Ro	oute Number, City or Town	, State, Zip Code)	1027
	AND METHOD OF PROPERTY.	2803 Upridge				
	1 Burlei 2 Cremetion 3 Removal from State cemetery, cre	ANDDATEOFDISPOSITION ematory or other place) dens of Fait			alto. Me	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		AND ADDRESS OF FACI			air Road
	· Kathleen M. Kurshy	John	C. Mille			e,Md21206
CERTIFICATION	23. PART I. Enter the diseases, or complications that ceused pie de abock, or heart failure. List only one cause on each line IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUENCE OF):	ROME			Approximeta Interval Batween Onaet and Daath
MEDICAL C	PART II. Other algnificant conditions contributing to death but not reconstructions of the contributing to death but not reconstructions.  SIP CORDINARY ARREST BY	15E		art I. 24a. WAS AN A PERFORM 1 YES 2	AED?	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
(3rd		7,50				1 NES 2 NO
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	OTHER:	PLACE OF DEATH (Chec	k only one)		
PHYS	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3  27. MANNER OF OEATH 28e. DATE OF INJURY	DOA 4 Nursing Ho	me 5 Residence 8			
ВУ Р	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJURY V	ORK?	28d. DEŞCRIBE HOW IN.	JURY OCCURED	
4 4	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At ho			Rel. LOCATION (Street on	d Number or Rural	Route Number,
E .	4 Homicide detarmined			City or Town, State)		
COMPLETED	299. CERTIFIER (Check only) one)  2   MEDICAL EXAMINER: On the beet of my knowledge, de	ath occurred at the time, da	te end piece, and due to	the cause(s) end mann	er es stated.	
	2 MEDICAL EXAMINER: On the basis of examination and/or i	- In my opinion,	1			
) BE	Charles a. Cannais M	.0	29c. LICENSE NUMB	EH	29d. DATE SIGNED	(Month, Day, Year)
유	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM	M 27) (Type, Print)			(/	771
	31. DATE FILED (Month, Day, Year) 0 32. REGISTRAR'S SIGNATURE					
	SEP 2. 1 1991 Julia Davidson-Randal	2				

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

SEP 24

1991

TO THE HURSHAL OF ATTENDING PROSCANE: The law requires that the death certificate be executed within 2x nous after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be mind within 72 hours after death with the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

WHORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

THE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.  1. DECEDENT'S NAME (First, Middin, Last)  JAMES  1. DECEDENT'S NAME (First, Middin, Last)  JAMES  1. DECEDENT'S NAME (First, Middin, Last)  JAMES  1. DECEDENT'S NAME (First, Middin, Last)  JAMES  1. DECEDENT'S NAME (First, Middin, Last)  JAMES  1. DECEDENT'S NAME (First, Middin, Last)  JAMES  1. DECEDENT'S NAME (First, Middin, Last)  JAMES  1. DECEDENT'S NAME (First, Middin, Last)  JAMES  1. DECEDENT'S NAME (First, Middin, Last)  JAMES  1. DECEDENT'S NAME (First, Middin, Last)  JAMES  1. DECEDENT'S NAME (First, Middin, Last)  JAMES  1. DECEDENT'S NAME (First, Middin, Last)  JAMES  1. DECEDENT'S NAME (First, Middin, Last)  JAMES  1. DECEDENT'S NAME (First, Middin, Last)  JAMES  1. DECEDENT'S NAME (First, Middin, Last)  JAMES  1. DECEDENT'S NAME (First, Middin, Last)  JAMES  2. DESCENDENT OF MIDDIN, DECEDENT OF MIDDIN, DECEDENT STATE  1. MARTIN STATE  1. MARTIN STATUS  JAMES  1. MARTIN STATUS  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAMES  JAM		91-5275	5-510			91 25914
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22. NAME AND ADDRESS OF FACILITY  23. PART   Enter the diseases, or bomplications that e-jused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Death of heart failed, List only one cause on each line.  IMMEDIATE CAUSE (Phelal disease or condition resulting in death)  IMMEDIATE CAUSE (Phelal disease or condition)  PART II. Other alignificant conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  That initiated events resulting in death LAST  CIRRHOSIS OF THE LIVER  DUE TO (OR AS A CONSEQUENCE OF):  1		1 Buriel 2 Cremetion 3 Remove	20b, PLACEAND DATE OF Commetery aramatory or other	F DISPOSITION (Name of her place)		City or Town, Stata
IMMEDIATE CAUSE (Final disease or condition resulting in death)   NARCOTIC INTOXICATION			SEE L. Pain	22. NAME AND ADDRESS OF FACI	INTERIOR	meznoeies
DUE TO (OR AS A CONSEQUENCE OF):    DUE TO (OR AS A CONSEQUENCE OF):		IMMEDIATE CAUSE (Final disease or condition	only one cause on each line.		as cardiac or reapiratory ar	Approximata interval Between Onset and Death
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  CIRRHOSIS OF THE LIVER  24a. WAS AN AUTOPSY PRINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence Of Other (Specify) MOTEL  27. MANNER OF DEATH  28a. DATE OF INJURY  1 NURSING Home 5 Residence Of Other (Specify) MOTEL  28a. DATE OF INJURY  28a. DATE OF INJURY  28b. TIME OF WORK?  29a. CERTIFIER  (Check only One)  29a. CERTIFIER  1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Dey, 19er)  29d. DATE SIGNED (Month, Dey, 19er)  29d. DATE SIGNED (Month, Dey, 19er)  29d. DATE SIGNED (Month, Dey, 19er)			DUE TO (OR AS A CONSEQUENCE OF)	):		
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CIRRHOSIS OF THE LIVER    1	O	PART II. Other significant conditions c	contributing to death but not resulting in	the underlying cause given in P	Part I. 24s. WAS AN AUTOPSY	
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Resturation   Found   Ponding   Found   Ponding   Found   Ponding   Found   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding	M				-	1
Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition   Composition	CIA	EXAMINER?	OSPITAL ·		:k only one)	
Resturation   Found   Ponding   Found   Ponding   Found   Ponding   Found   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding   Ponding	YSI	N XYES 2 NO 1		OTHER: 4 Nursing Home 5 Residence	A Other (Specify) MOTEI	
29a. PLACE OF INJURY — At home, farm, street, factory, office 29a. LOCATION (Street and Number or Rural Route Number, City or Rown, Stale) 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Vear)		1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year) 1/9111:51	JRY WORK?		
296. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  O C M E  9 - 1 2 - 1 9 0 1		3 Suicide 8 Could not be		reet, factory, office ?	281. LOCATION (Street and Number	
296. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  O C M F:  9 - 1 2 - 1 9 0 1	LET	29a. CERTIFIER 1 CERTIFYING PHYSICIA		d -1 the start data and close and due to		
296. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  O C M E  9 - 1 2 - 1 9 0 1	OM	one) 2 MEDICAL EXAMINER: C	On the basis of examination and/or investigation,	, in my opinion, death occured at the tir	the cause(a) and manner as atal ms, data and place, and due to the	led. na cause(s) and mannar as stated.
0 C M E 9-12-1991	w	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUMB		
		30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF OEATH (ITEM 27) (Type /	O C M	E 9-	12-1991

111

N. PENN STREET BALTIMORE, MARYLAND

DHMH-16 Rev 1/89

2120

14,522 10 

TO THE HOSPITAL OR AITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	21-2423-31	J													
	FOR 1 - STATE REGISTRAR		MARYLAND C	DEPAR	TMEN ICAT	IT OF I	HEALTH AND	D MEN1	AL HYGIEN		91	259	915		
	1. OECEDENT'S NAME (First, Middle,								TE OF DEATH	AV	3. T	IME OF OE	EATH		
	THAMER	RO	Y		N	EWL	ON	Õ	9 21	9	YEAR 3. T	:55	A		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDE	DAYS	IF UNDER 24 HRS		TE OF BIRTH onth, Day, Year)		Country)	E (State or	Foreign		
	232-50-0307	1 M 2 F	61	YRS.	WORT NO	DAYS	HOURS MIN	5-	-16-193	0 0	Vest V	lingi	nia		
_	9a. FACILITY NAME (If not institution,	give street and number)			9b. CIT	Y, TOWN	OR LOCATION OF	DEATH			Y OF DEATH				
9	LIBERTY MED.	ER	_	В	ALT	IMORE	CITY	7							
្ត	10a. STATE 10b. CO			T											
DIRECTOR		City				imo ti						INSIDE CI			
	10e. STREET AND NUMBER			1 4								YES 2			
RA	3501 Parkdale A	lue				10	f. ZIP CODE				N OF WHAT		7		
BY FUNERAL	11. MARITAL STATUS				_		21211				I.S.A.				
F	1 Naver Married 2 Married	FORCES?	NT EVER IN U.S. AF		13.	If yea, ap	CENDENT OF HISI welfy Cuban, Max	PANIC ORIGINAL PUBLIC PROPERTY PROPERTY PROPERTY PARIS PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PR	BIN? (Specify Yes	s or No- 1	4. RACE — A Black, Whi	merican in	idlan,		
ВУ	3 Widowed 4 Divorced	IF YES, GIVE	IF YES, GIVE WAR OR OATES				2 NO Spe	ecity.			Specify:				
8	15. DECEDENT'S	EDUCATION	16a, DI	ECEOENT'S	USUAL C	OCCUPATION	ON	- 1	6b. KINO OF BU	CINECO (INDIII	White				
E	(Specify only highest Elementary/Secondary (0-12)	grade completed)  Coflege (1-4 or 5	completed) (Give kind of w				ost of working	Π.	ou. KINO OF BU	SINESS/INDUS	SINT				
릴	5			abore	h			1	Dumbin	~ 0 U	-+i	0			
COMPLETED	17. FATHER'S NAME (First, Middle, Las		200.16	/ [		18. MOTHER'S	NAME (Firs	Lumbin	Sumama)	arxna	CO.				
BE C	Нал	lon						lie Bla	,						
10 B	19a. INFORMANT'S NAME (Type/Print)	b. MAILING	AOORES	SS (Street I	and Number or Rui	n, State, Zip Code)									
۲	Paul Newlon  196. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Paul Newlon  935 Stangler Way, Baltimore, MD, 21205														
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of														
	4 Donation 5 Other (Specify) Bluemont Cemetery 9-25 Grafton W. Va														
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY														
	ROBERT C. ALTENBURG FUNERAL HOME, 6009 Harford Rd., Baltimore, MD.									INC.					
	23. PART I. Enter the disease	or complications the	t course the de	ath Da -	160	109 F	larford	Kd.,	Balt	imore,	MD.		214		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line.														
	II IMMEDIATE CALIGE (Float										Onset ar	nd Deat			
	resulting in death) - a. North Scheme (Cardi Vascular Disease)														
_	DUE TO (OR AS A CONSEQUENCE OF):														
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING														
A											i				
Ē	CAUSE (Disease or injury C. DUE TO (OR AS A CONSEQUENCE OF):										<u> </u>				
F	resulting in death) LAST														
	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS														
PHYSICIAN: MEDICAL	TANT II. Other argumeant cond	itions contributing to	death but not r	resulting i	n the u	nderiying	g cause given i	in Part i.	24a. WAS AN PERFOR			ABLE PRIOR			
ă	10									YES AND COMPLETION OF CAUS					
×									1 '		1 🗇	YES 2 [	NO NO		
ä															
2	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:			OTHE		ACE OF DEATH (	Check only	one)						
₹		YES 2 NO 1 Inpatient 2 XER/Outpatient 3 DOA 4 Nursing Home 5							me 5 🗆 Residence 6 🗆 Other (Specify)						
	27. MANNER OF DEATH  1 Netural 5 Pending	26a. DATE OF (Month, D		26b. TIME	OF JRY	26c. INJ WO	URY AT	26d. O	EŞCRIBE HOW I	NJURY OCCUP	RED				
B	Z Accident Investigat					1 🗆 1									
	3 Suicide 6 Could not	F INJURY — Al ho atc. (Specify)	me, farm, si	treet, fac	tory, office		261. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
E I	A4 - 000717180														
APL	Check only 1 CERTIFYING P	HYSICIAN: To the best of	my knowledge, da	ath occurre	d at the t	time, data	and place, and d	ua to the c	ause(s) and man	ner as stated.					
COMPLETED	2 MEOICAL EXA	MINER: On the basis of a	xamination and/or i	Investigation	, In my o	opinion, d	eath occured at ti	he ti <i>m</i> e, de	te and place, an	d dua to the c	seuse(s) and i	manner as	atated.		
BE	296. SUGNATURE AND TITLE OF CERT	IFUER CO. D.	10.0				29c. LICENSE N	UMBER		29d. DATE S	IGNED (Mont)	h, Day, Year	r)		
0	1 aun	Core	W				0.C.I	M.E.		▶09	- 22	_ 1	199		
- II	TO WAME AND ADDRESS OF BERSON WHO COMMITTED CAUSE OF SAME														

ETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
lia Savidson-Randelle

1991

PENN STREET BALTIMORE, MARYLAND 21201



greed to

	1 - STATE REGISTRAR	SIAIE UF MA	ANT LAND	ERTIF	ICAT	I UF H	DEA	AND:	MENTAL	REG. NO			60310	
	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  3. TIME OF I											3. TIME OF DEATH		
	WILLIAM F	n T.	Powe	11						YEAR	2:25 P.M			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. A						IF UNDER 24 HRS. 7. DA		7. DATE C	DATE OF BIRTH (Month, Day, Year)		BIRTHP	LACE (State or Foreign	
	246-40-5987 1ÄM2□F			6 YRS.	MONTHS	DAY8	HOURS	MIN.	4 - 2	0-15		Country)	N.C.	
~	9a. FACILITY NAME (If not institution, give str		9b. CIT	Y, TOWN O	R LOCATI	ON OF D	EATH		9c. COUNT	Y OF DE				
0	MARYLAND GENERAL		BALTIMORE, CITY											
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY		t0c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY		
	MARYLAND				BAL	TIMOI	RE.	MARY	LAND			- 1	LIMITS?	
	10e. STREET AND NUMBER				-		ZIP COD				10g. CITIZE		IAT COUNTRY?	
	130 N. AISQUITH	STREET					212	202			l	J.S.	Α.	
J.	t1. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT E FORCES? 1	YES 2 V	RMED	13.	WAS DECE	ENDENT C	F HISPAI	NIC ORIGIN	(Specify Yes	or No- 1	4. RACE -	– American Indian, White, atc.	
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES			1 YES				ican, etc.)	- 1	Specify:		
	15. DECEDENT'S EDUC	ATION	18a, Di	ECEDENT'S	IISHAL O	CCUPATIO	Al		105	VIND OF BUI			DLACK	
ETI	(Specify only highest grade of Elementary/Secondary (0-12)	College (t-4 or 5 +)	We (C	Give kind of a e. Do NOT us	work done se retired.)	during mos	it of working		100.	KIND OF BUS	SINESS/INDU	SIRY		
AP		2yrs.	F	UNER	RAL	DIRE	ECTO	)R						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	ME (First, M	iddle, Maiden	Surname)			
BE	WILLIE POWELL							USTI						
2	19a. INFORMANT'S NAME (Type/Print)		19								n, State, Zip C			
	CHARLES POWELL							. E S	T./E	BALTI	MORE	, MD 21213		
	Appendix HETHOD OF DISPOSITION    1													
	4 Donation 5 Other (Specify) Social Union Church Cemetery Nashville, N. 21. Signature of Funeral Service Licensee									N.C.				
	NA May 1							/110	1 -	NOI	D.T.II. AME			
_	WM.C.MARCH F.H./1101 E. NOR									RIH AVE.				
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line.  Approximate											Approximata Intarval Batween		
	IMMEDIATE CAUSE (Final disease or condition											Onaet and Death		
ŀ	resulting in death) a. SEPSIS													
_	DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	Sequentially list conditions, ff any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):													
CAT	n any, reading to immediate													
E	CAUSE (Disease or Injury that Initiated eventa DUE TO (OR AS A CONSEQUENCE OF):													
ER	resulting in death) LAST													
	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 11NDINGS													
DICAL	CEREBROVAS CULAR ACCIDENT. PNEUMONTA PERFORMED?									MAILABLE PRIOR TO OMPLETION OF CAUSE				
밀	Decubitus ulcer								OF DEATH?			F DEATH?		
-	1 YES 2 NO													
Ĭ.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					28. PLA	ICE OF DI	EATH (Ch	eck only one)		-	_		
Sign		HOSPITAL:	R/Outpatient 3	□ DOA	OTHER		5 🗆 Re	sidence	8 Other	(Specify)				
PHYSICIAN: ME	27. MANNER OF DEATH	28a. DATE OF INJ (Month, Day,		28b. TIM		28c, INJU WOR	RY AT		28d. DESCRIBE HOW INJURY OCCURED					
B	Natural 5 Pending 2 Accident investigation			м	1 🗌 YE	S 2	NO							
	3 Suicide 8 Could not be	NJURY — At ho . (Specify)	home, ferm, streef, factory, office					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
<u> </u>	a nomicos determined													
MP	29a. CERTIFIER (Check only one)  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the filme, data and place, and due to the cause(s) and manner as stated.													
COMPLETED	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as attend.													
H H	29b. SIGNATURE AND TITLE OF CERTIFIER	100	M.)				29c. LICE		IBER		29d. DATE S	IGNED (M	fonth, Day, Year)	
2	30 NAME AND ADDRESS OF PERSON WHO	COMPLETE COMP					1	n/a			1 91	122/	191	
	30. NÁME AND ADDRESS OF PERSON WHO	KAN	DEATH (ITE	M 27) (Type,	Print)	auri	16	reme	le:	0 14	-20	7	0	
100		1 - 1 1 / -	4	1 1/3	1 L	Maria and an angle			- Comment	110	3/2/	roman I	16	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or many permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merial Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 24 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

32. REGISTRAR'S GIGNATURE
1991 Guha Lavidson-Randelle

DHMH-16 Rev 1/89

The by Mile

1. DECEDENT'S NAME (First, Midd

GREGORY

4. SOCIAL SECURITY NUMBER

THE FREderick

5. SEX

FOR STATE REGISTRAR

3. TIME OF DEATN

a M

8:00

BIRTNPLACE (State or Foreign

1991

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7. DATE OF BIRTN (Month, Day, Year) 9-16-3 34-22-4145 1 1 14 2 | F lew york filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 2225 CALLOW AMENUE BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Allimore 1 FES 2 NO FUNERAL AND NUMBER 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? WE. APTA SECON WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TES 2 TO IF YES, GIVE WAR OR DATES 5,1 11. 24 nours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 13. WAS DECEMDENT OF HISPANIC ORIGIN? (Specify Yee or No. If yee, specify Cuban, Mexican, Puerto Ricen, etc.)

1 YES 2 70 Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 3 Wildowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work does during most of working the Do MOT use retired.) 166. KIND OF BUSINESS/INDUSTRY notified at 器 other traumatic event, the medical examiner must be MEZHOD OF DISPOSTION rtal 2 Cres 23. PAIT I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch ea cardiec or respiratory shock, or heart feilure. List only one cause on each line. Approximata interval Between IMMEDIATE CAUSE (Final Onset and Death cremation, disease or condition 10 completely executed within resulting in death) TO (OR AS A CONSEQUENCE OF) burial, un CERTIFICATION After this certificate has been signed by the attending physician and death with the State Dept. of Health and Mental Hygiene prior to buri Sequentially liet conditions, TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING e e CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 10 shows any injury, PART II. Other eignificent conditione contributing to death but not reaulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATN? 1 TES 2 NO PHYSICIAN: Item 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL OTHER: 1 XYES 2 NO 1 Inpatiant 2 ER/Outpetlent 3 DOA ng Nome XXRasidenca 6 🗆 Other (Specify) 4 - Nurs MPORTANT: If Item 28 is marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED BY 1 YES TO THE HOSPITAL OR ATTENDING I TO THE FUNERAL DIRECTOR: After be filed within 72 hours after death _ Accident Suicide 28a. PLACE OF INJURY — At home, farm, street, fectory, office building, stc. (Specify) COMPLETED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Nomicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) and menner ee stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data end placa, end due to the ceuse(e) and menner ee stated. BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 2 M E -16-1991 LETED CAUSE OF DEATH (ITEM 27) (Type, Print) PENN STREET BALTIMORE, MARYLAND N DHMH-16 Rev 1/89 asp

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

PINTO

IF UNDER 1 YEAR

IF UNDER 24 HRS

6. AGE (In yrs. lest birthday)

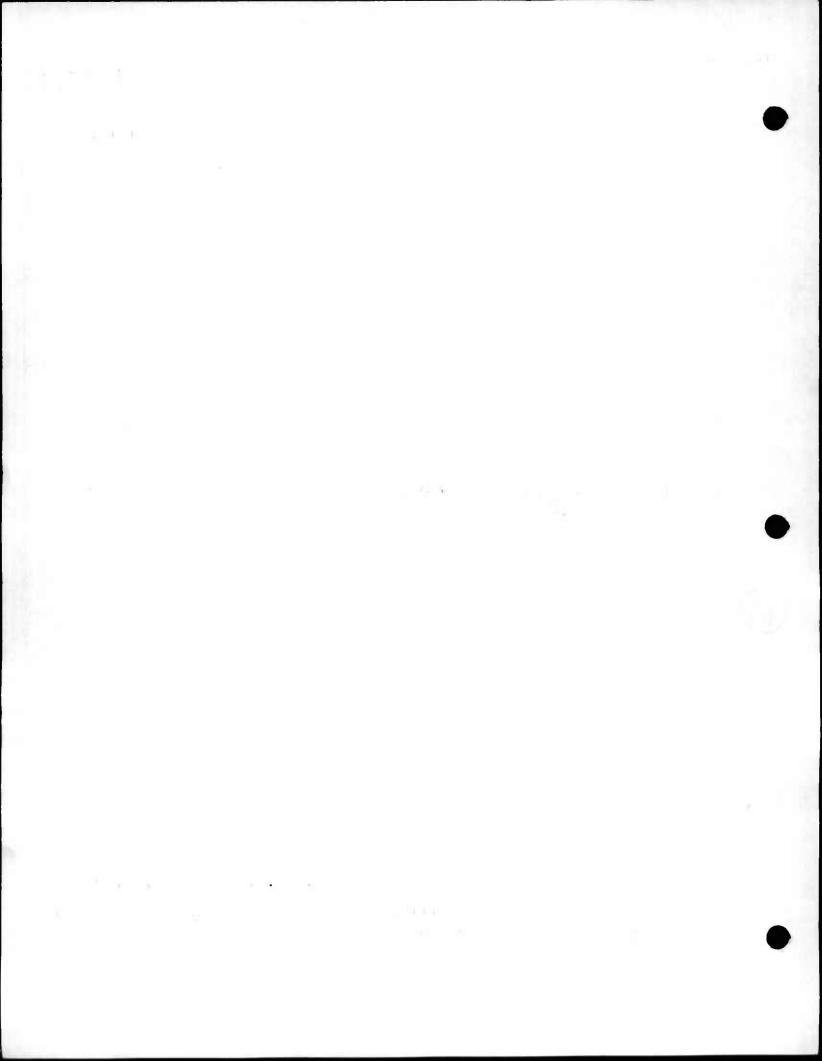
2. DATE OF DEATH MONTH

16

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death electric within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attended by the difference of the following physician attended by the state Dept. Of Health and Mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental mental examiner must be netified at once.

	1 - STATE REGISTRAR	STATE OF M					DEAT			YGIEN	E	- 1	23318	
	1. DECEDENT'S NAME (First, Middle, Last)	-					DLA		2. DATE OF	DEATH			. TIME OF DEATH	
	ROBERT	DALE			PHI	PPS			0 9	20	ΙA	9 1 1	2:45 A M	
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. last		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF I	BIRTH ly: Ybar)			ACE (State or Foreign	
	218-78-7703  9e. FACILITY NAME (If not institution, give:	1 M 2 F	32	YRS.					Aug.		1959	,,	ryland	
œ	- Service of Carrier Control Control				96. CITY	, TOWN C	R LOCATIO	ON OF DE	ATH		9c. COU	INTY OF DEA	тн	
DIRECTOR	928 FOXWOOD LA	NE			BA	LTI	10RE				BAI	JTIMO	RE	
H.	10a. STATE 10b. COUNT			10c. CIT	Y, TOWN	OR LOCAT	ION					1	0d. INSIDE CITY LIMITS?	
	Md.	Balti	ore			Es	sex					1	TYES 2 NO	
PA I	100. STREET AND NUMBER 928 FOXWOOD	T 7				101	ZIP CODE				10g. CIT	IZEN OF WH	AT COUNTRY?	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVED IN II S ADM	ED	142	W# 0 DE 0		212					A	
B≺	1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 FYES, GIVE WA	1 YES 2 NO			If yes, spe	elfy Cuba 2 DANO	n, Mexica	n, Puerto Ricer	pecify Yes 1, atc.)	or No-	No- 14. RACE - American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18e. DECI	EDENT'S	USUAL O	CCUPATIO	N st of workin	-	18b. KIN	D OF BUS	INESS/INE	DUSTRY		
Ü	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. C	NOT us	se retired.)		it or working	v		ddle			1	
N N	17. FATHER'S NAME (First, Middle, Last)		M	ach	inis	st				chir		Co.		
		ipps					18. MOTH		ME (First, Middl					
BE (	19a. INFORMANT'S NAME (Type/Print)	PPP	19b.	MAILING	ADDRES	S (Street a)	nd Number	or Bural B	rgary	Gee	State 76	n Code)		
2	Roscoe Phipps	5							. BAl				1221	
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Rem	oval from State	20b. PLACE AN	DDATE	OF DISPOS	ITION /Ne	na of		CATE	200 1 00	CATION	City or Town	Photo	
	4 Donation 5 Dother (Specify)		HO1	ľÿh	ilic	Ceme	ter	y9/2	23/91	BAl	tim	ore N	id.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	111		22.	NAME AN	D ADDRES	S OF FAC	CILITY					
	Connelly	Funer	al Ho	me	<b>/</b>								re.21221	
CERTIFICATION	23. PART I. Enter the diseases, a complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):													
CEI	d													
N: MEDICAL	PERFORMED?  NES 2   NO OF DEATH?									ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE F DEATH?  YES 2 \( \text{NO} \) NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		CE OF DE	ATH (Che	ck only one)					
IYS	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 I E			4 🗆 Nun	ing Home		idenca (	8 Other (Sp.					
BY PH	1 Natural 2 Accident	INJ	b. TIME OF 28c, INJURY AT WORK?  M 1 YES 2 NO				28d. DESCRIBE HOW INJURY OCCURED							
ETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, et	INJURY — At home c. (Specify)	i, ferm, s	treet, fect	ory, office			281. LOCATION	N (Street ar wn, State)	nd Number	or Rural Rout	e Number,	
COMPLETE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI One) 2 MEDICAL EXAMINE	CIAN: To the beet of m	y knowledge, death mination and/or inv	occurre	ed at the ti	me, date i	and place, ath occure	and due t	to the cause(a)	and menr	ner as stat	ted. ne cause(e) er	d manner se stated.	
I 29b. SIGNATURE AND TITLE OF CERTIFIER									29d. DAT	E SIGNED (M	onth, Day, Year)			
0	20 NAME AND PROPERCY OF PERCON WILL	Jh U	rute				O.C	.M.	Ε		▶09	/20/	91	
	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE				~==								
	SEP 24 1991	32. REGISTRAR	11 s signature n-Randell	1 P	ENN	STR	EET	, BA]	LT'IMO	KE,N	IARY	LAND	21201	



3. TIME OF OEATH

10d, INSIDE CITY LIMITS? 1 YES 2 NO

21234

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

Approximate Interval Between Onset and Deeth

6:25P H

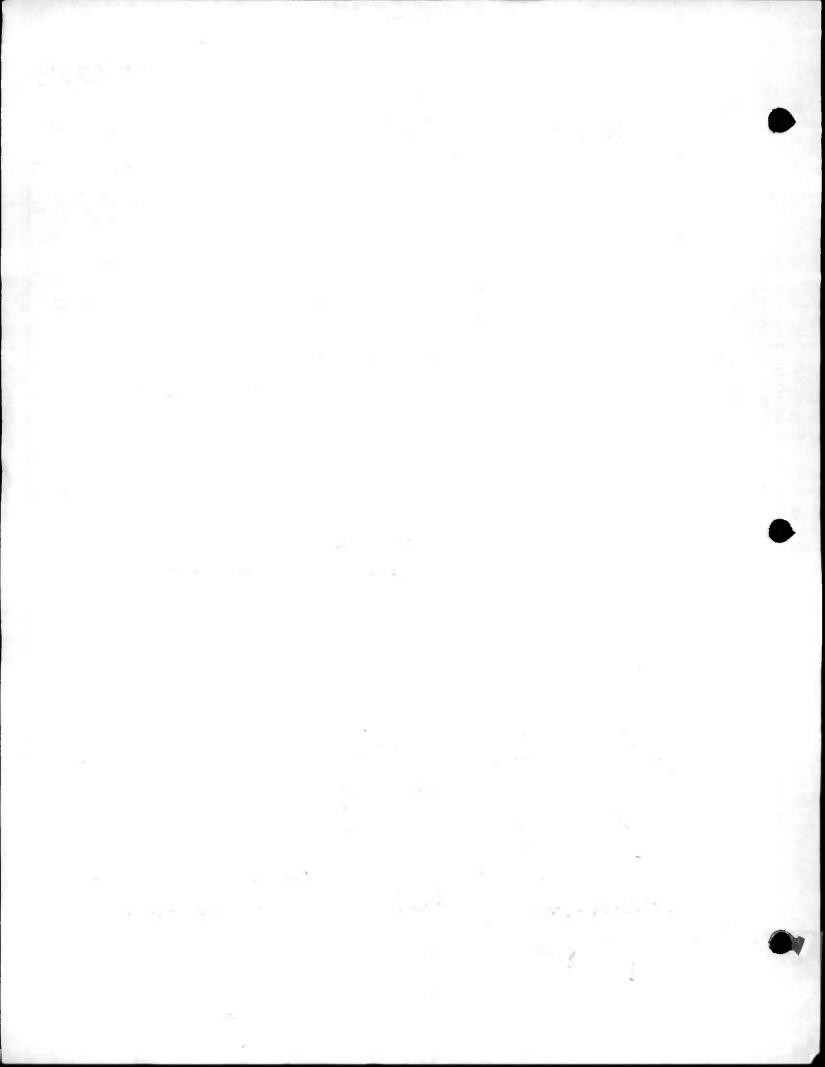
8. BIRTHPLACE (State or Foreign PENNSYLVANIA

29d. DATE SIGNED (Mopth, Day, Year) ► 9/22/91

10g. CITIZEN OF WHAT COUNTRY? U.S.A.

14. RACE — American India Black, White, etc. specify: White

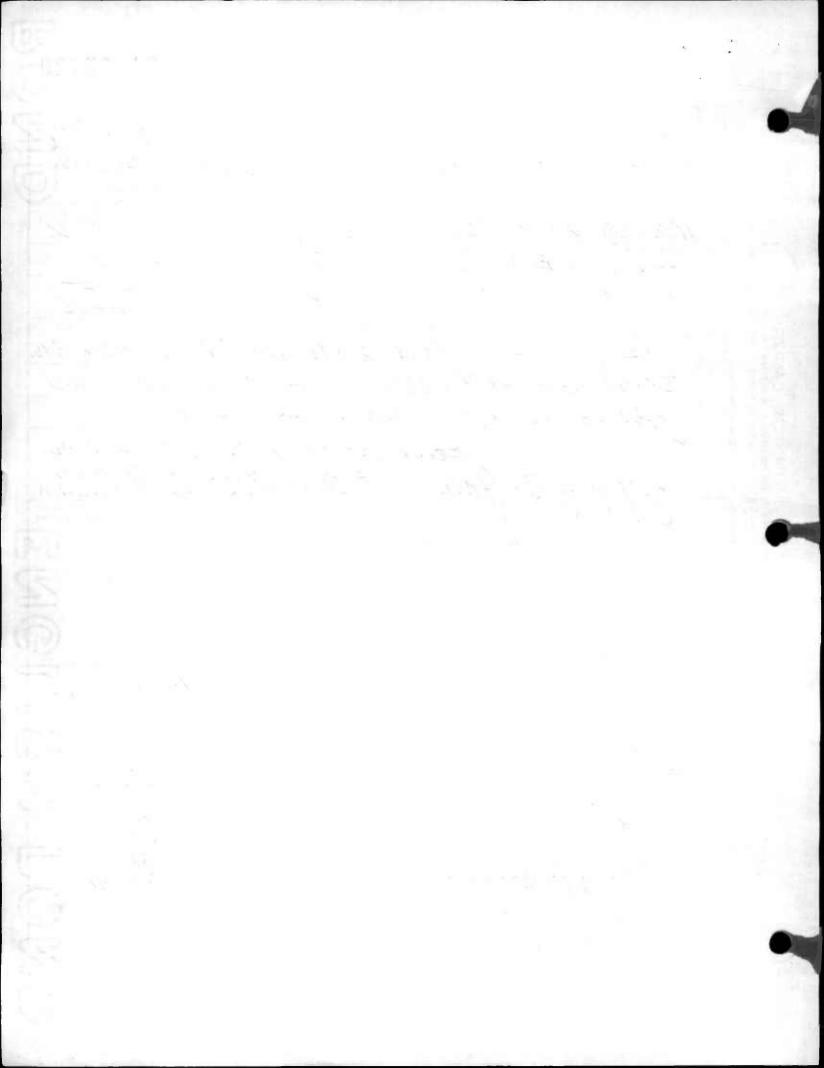
TO THE HOSPITAL TO THE FUNERAL De filed within 72 if	TO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIE  CHANGE  30. NAME AND ADDRESS OF PERSON WIT  C. VELGARA - SC	POUR MO	) DEATH (ITEM 27) (7yp	s, Print)	29	DIGG	IMBER		29d. DATE	SIGNED (Mopth, Day, )/22/9/		
DIVISION ATTEN DIRECTOR: hours after item 28 is	COMPLETED	3 Suicide 4 Homicide  28e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner ee stated.											
OF PHYSIC this cer with th	B	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could get be	28e. PLACE OF INJURY — At home, farm, street, factory, off				AT 2 NO	281, LOC	EŞCRIBE HOW INJURY OCCURED				
F VITA SICIAN: The certificate is the State	PHYSICIAN:	1 TES 2 NO	1   Inpatient 2   ER/Outpatient 3   DOA   4   Nursing Home 5   Residen										
7 6 8 5 %	CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?											
	Σ			V				-			1 🗆 YES 2		
DE that the de de de de de de de de de de de de de	EDICAL	PM.						_	1 TYES		COMPLETION OF DEATH?		
in the state of		PART II. Other significant condition	ns contributing to death	but not resulting	In the unc	derlying ce	use given i	Pert I.	24a. WAS AN	AUTOPSY	24b. WERE AUTOP		
S, P.O. Bodeath certificate attending physiental Hygiene print, or other tr	CERTIFICATION	resulting in deeth) LAST											
BOX ficate be exphysician and phore to her traum	FICA	CAUSE. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):											
OX 687 e be executed sician and cor infor to burial, traumatic e	NOI	Sequentially list conditions, If any, leading to immediate  CHRONIC HEPATITI'S TO THE CTION  DUE TO (OR AS A CONSEQUENCE OF):											
cexecuted within 24 and completely fill o burial, cremation.		DUE TO (OR AS A CONSEQUENCE OF):											
Pilon Bion		IMMEDIATE CAUSE (Fine) disease or condition											
B hours after of the ed in by the or removal.		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.											
4 8 2 X		Robert LD. Graves EVANS Chapel of Memories 8800 HARFORD Rd. BALTO. Md 2123											
- 0 0		4 Donation Donation Other (Specify) Green mount  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY											
Page be		20e. METHOD OF DISPOSITION 1 Burles 2 A Cremation 3 Removes from State 1 pt cemetary, crematory or other place)  20b. PLACE AND DATE DATE 20c. LOCATION — City or Town, State pt cemetary, crematory or other place)											
MAR retained 15 should notified	10 B	190. INFORMANT'S NAME (Type/Print)	0.54	19b. MAILING	ADDRESS	(Street and N	umber or Rural	Route Numb	oer, City or Tow	n, State, Zip C	Code)		
2 2 2 2	ш	PERCY PECK  10. MOTHER'S NAME (First, Middle, Meiden Surneme)  LEAH Morrough											
AND the hospe detacted	COMPL	5 HIGH SCHOOL ADMINIS,  17. FATHER'S NAME (First, Middle, Leat)  18. MOTHER'S NAME (First, Middle, Maiden Surneme)											
25	<u> </u>	(Specify only highest grade completed)  [Give kind of work done during most of working life. Do NOT use retired.)  [Give kind of work done during most of working life. Do NOT use retired.)  [Elemantary/Secondary (0-12)   College (1-4 or 5 +)											
215-0	ED BY	3 Widowed 4 Divorced  15. DECEDENT'S EDUCATION  16. DECEDENT'S USUAL OCCUPATION  16b. KINO OF BUSINESS/INOUSTRY											
		11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	IN U.S. ARMED  B 2 NO  DATES	10		Cuben, Mexic	en, Puerto F		or No-	4. RACE — American Black, White, etc. Specify:		
020 physician. bunal-transit permit.	FUNERAL	708 CUMBER LAND AVE, 1720 / 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENOENT OF HISPANIC ORIGINA								Visit			
emit.		10e. STREET AND NUMBER			717717	10f. ZIP					N OF WHAT COUNTR		
Pages	DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. I											
1,2,3	OT.	FAIRMOUNT NRSG CENTER BALTIMORE BALTO. CITY											
should		9e. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH											
		4. SOCIAL SECURITY NUMBER  2.17 - 30 - 7951	5. SEX 8. AGE	(In yrs. last birthday)	IF UNDER 1	DAYS HOL	INDER 24 HRS. IRS MIN.	7. DATE (	DE BIRTH	4	BIRTHPLACE (State of		
		Willia	m C.	Peci	K			MONE	2	2 9	1 6:2:		
	- 3	1. OECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH		3. TIME OF C		



DIVISION OF VITAL RECORDS, P.O. BOX 88/60, BALLIMORE, MARTLAND	RITAND
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within amount after death. Page 6 may be retained by the hospita	ned by the hospita
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for within 72 hours after death with the State Dept. of Health and Mental Myglene prior to burial, cremation, or removal.	ould be detached i
IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	led at once.

	FOR STATE REGISTRAR	STATE OF M	ARYLAND / DEPAR CERTIF	TMENT OF H		MENTAL HYGIEN REG. NO	E	23920
- 3	1. OECEDENT'S NAME (First, Middle, Lest)  WILLIAM	Po	ULOS			2. DATE OF DEATH MONTH	1/ - 41	3. TIME OF DEATH
	213-20-5782	<b>X</b> M 2 □ F	6. AGE (In yrs. lest birthday) 69 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day Year)  7-4-2	Coun	HPLACE (State or Foreign try) -RYLAND
TOR	9a. FACILITY NAME (If not institution, give street Stella Maris Hosp RESIDENCE OF DECEDENT			96. CITY, TOWN O	On Location of Di	EATH	Baltin	
DIREC	MARYLAND 106. COUNTY	10.	CO. 10c. CIT	TY, TOWN OR LOCAL	1UM			10d. INSIDE CITY LIMITS? 1 VES 2 10
FUNERAL DIRECTOR	10e. STREET AND NUMBER 2-26 SANDE	E RO.	AD		2109	73	4.5	WHAT COUNTRY?
ΒY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	EVENTIN U.S. ARMED  LYES 2 NO  AR OR DATES	if yes, sp		NIC ORIGIN? (Specify Yean, Puerlo Rican, atc.)	s or No— 14. RAC Blo Spe	CE - American Indian, ok, White, etc.
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	ION inpleted) College (1-4 or 5 +	(Give kind of	work done during me se retired.)		16b. KIND OF BU	SINESS/INOUSTRY	ANING BUS
	17. FATHER'S NAME (First, Middle, Last)	ANAK	ofoulo	5	18. MOTHER'S NA	AME (First, Middle, Meiden TONIO	Sumamal	SIMOS
TO BE	19a. INFORMANT'S NAME (Type/Print)	PECOR		ADDRESS (Street	and Number or Rural	Route Number Claror Tow	rn, State Zip Code)	
	20a. METHOD OF DISPOSITION  1		20b. PLACE AND DAT	or other place)	body a	m 924 0	VOODLY	Fown, State  ANN, MD.
	21. SIGNATURE OF FUNERAL SERVICE LICEN	J. 8	Pair	EVI	NO ADDRESS OF FI 9NS ( 325 )	ORK 1	OF CH	HIMES MONIUM
	23. PART . Enter the disease, or constant, or heart fellure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in death)	Cance	ceused the death. Do ea on each line.	olon	oda of dying, au	ch aa cardiec or reap	iratory arrest,	Approximeta interval Between Onset and Death
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST		TATE DESCRIPTION OF AS A CONSEQUENCE OF					
IL CE	PART II. Other aignificent conditions of	contributing to	death but not resulting	in the underlyin	g cause given in	Part i. 24e. WAS AF		No. WERE AUTOPSY FINDINGS
MEDICA		,				1 D YES		AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
PHYSICIAN:		IOSPITAL:	ER/Outpetient 3 DOA	OTHER:	LACE OF DEATH (C	heck only one)  6%2 Other (Specify)	IIo mai no	117
ву РНҮ	27. MANNER OF DEATH  1. Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, De	INJURY 28b, Til	ME OF 28c. IN	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	HOSPICE	7 7 3
8	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE Of building,	F INJURY — At home, farm, etc. (Specify)	street, factory, offi	ca	281. LOCATION (Street City or Town, State	and Number or Rura )	l Route Number,
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:		my knowledge, death occur camination and/or investigati					e(a) and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER		lauder	D	D 27		29d, DATE SIGNE	ED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO G  Carla S. Alexande  31. DATE FILED (Month, Day, Year)	er, M.D.			pice-Dul	aney Valle	ey RdTo	wson 21204
	SEP 24	1991	- w Levidon	Rando Be				DHMH-18 Rev 1/8

DHMH-18 Rev 1/89



DHMH-16 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached any within 72 hours after death with the State Dent of Health and Mental Houlehe prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARY		MENT OF		MENTAL HYGIE REG. N		1 40741	
1. OECEDENT'S NAME (First, Middle, L Andrew	LEONARD	PO	LZIN		2. DATE OF DEATH MONTH	22 9	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER  218-26-5677  98. FACILITY NAME (If not institution, g	1 📉 M 2 🗆 F	O YRS.	IF UNDER 1 YEAR MONTHS DAYS 9b. CITY, TOWN	IF UNDER 24 HRS. HOURE MIN. OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year)	7.4	BIRTHPLACE (State or Foreign Country) MARYLAND OF DEATH	
Peninsula General Hospital Salisbury Wicomico								
MARYLAND AN			TOWN OR LOCAL			100 CITI253	10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
300 FOURTH AVE	S.W.	IN U.S. ARMED	13. WAS DE	21061 CENDENT OF HISPAN	IIC ORIGIN? (Specify '	U.S.		
1 Never Married 2 Married 3 Widowed 4 Divorced  15. DECEDENT'S (Specify only highest of	KOREAN CO	DATES	1 🗆 YES	3 2 X NO Specify	<i>r</i> :	USINESS/INDUS	Specify: White	
(Specify only highest of Specify only highest of Specify only highest of Elementary/Secondary (0-12)  12th  17. FATHER'S NAME (First, Micidle, Last	College (1-4 or 5+) NONE	(Give kind of we life. Do NOT use	ork done during m retired.)	ost of working			IHY	
ANDDELY T DOYE		CHECKEK	TONG 3	18. MOTHER'S NA	ME (First, Middle, Maid			
19a. INFORMANT'S NAME (Type/Print)				and Number or Rural i	NE C. WEF	own, State, Zip Co		
GERTRUDE H. POL  20a, METHOD OF DISPOSITION  1 Buriel 2 Cremation 3		Ob, PLACE AND DATE	OF DISPOSITION	(Name		LOCATION — City	or Town, State	
4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE	ELICENSEE 2/6-	GLEŃ HAVE	SING	ND ADDRESS OF FA	CILITY UNERAL HON		NIE, MD 21061	
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS	a consequence of	):	iovascu	lar Dis	ease	interval Betweer Onset and Death years	
PART II. Other algorificant cond			the underfyir	ng ceuse given in	PERF	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. F	LACE OF DEATH (Ch	eck only one)			
COTONARY  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 TYPES 2 NO  27. MANNER OF OEATH	1 ☐ Inpatient 2. ER/On  26a. DATE OF INJUR' (Month, Day, Year	Y 28b, TIME	4 Nursing Ho	JURY AT ORK?	6 Other (Specify) 26d. OESCRIBE HON	V INJURY OCCUP	RED	
2 Accident Investigat	28e. PLACE OF INJU building, etc. (S)	RY — At home, farm, si	M 1 🗆	YES 2 NO	281. LOCATION (Stree City or Town, Ste	et and Number or	Rural Route Number,	
(onton only	HYSICIAN: To the best of my known							
296. SIGNATURE AND TITLE OF CERT	seley, M.D.			29c. LICENSE NU DO 359			IGNED (Month, Day, Year)	
John T. Bull	keley, M.D.	, 108 Pi		ff Rd.,	Salisb	ury, M	d. 21801	
31. DAT SEP 2. 4 1991	Pay REGISTRARIS SK	- Handell					·	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death, Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the humaistranee and the completely filled in by the tuneral director.
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,
IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

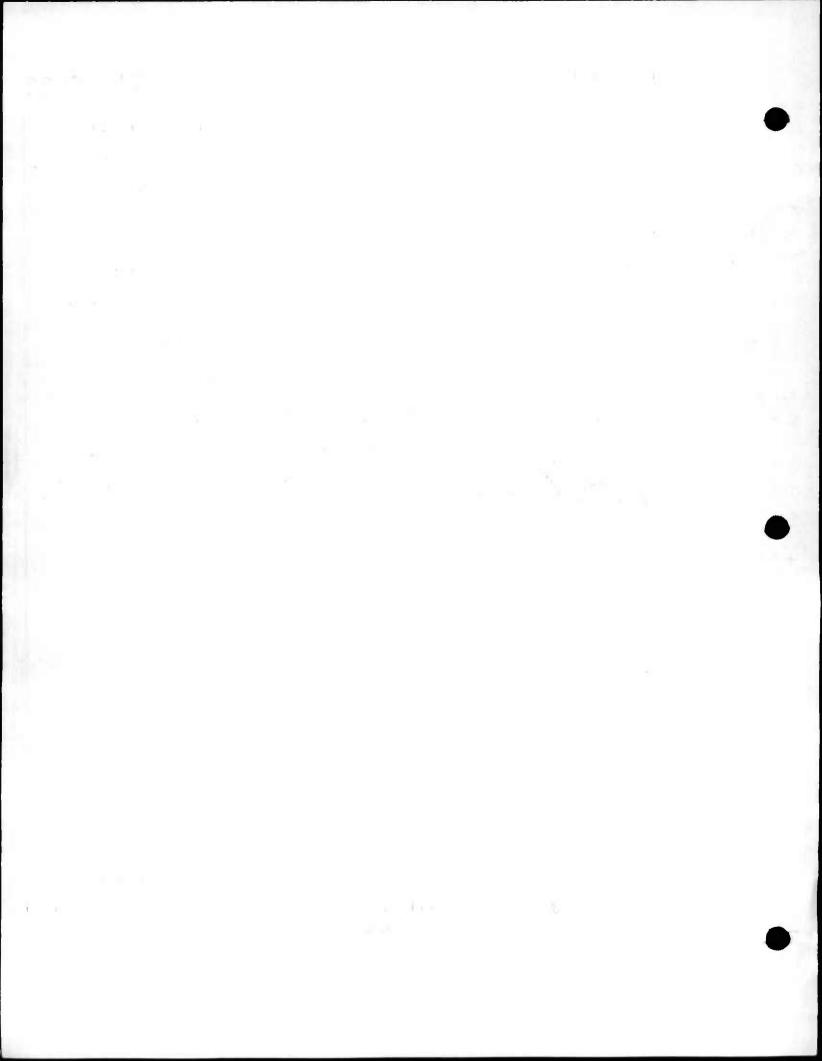
	91-5380-510 FOR T - 514TE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIF	TMENT OF	HEALTH AND	MENTAL HYGIEN		25922
	1. DECEDENT'S HAME (First, Middle, Last) STEPHEN A	laxender	Р	ENN		2. DATE OF DEATH	199 ^{eq#}	3. TIME OF DEATH 6:15 P M
	217-18-0060	X M 2	yrs. last birthday) 68 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8-25-23	Count	HPLACE (State or Foreign timore, Md.
TOR	9e. FACILITY HAME (If not institution, give stree UNIVERSITY HOS RESIDENCE OF DECEMENT				OR LOCATION OF D		9c. COUNTY OF D	DEATH
DIRECTOR	10a. STATE 10b. COUNTY	imore	10c. CITY	TOWN OR LOCA	more			16d. IHSIDE CITY LIMITS? 1 XYES 2 NO
VERAL	1327 N. Carey Stre	eet		1	21217		U.S.A	WHAT COUHTRY?
BY FUNERAL	11. MARITAL STATUS 1 Hever Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN I FORCES? 1 YES IF YES, GIVE WAR OR DAT	J.S. ARMED 2 NO ES	If yes, s	CENDENT OF HISPA pecify Cuban, Maxic S 2 X HO Speci	NIC ORIGIN? (Specify Year, Puarto Rican, etc.) fy:	s or No 14. RAC Blac Spec	E — American Indian, k, Whita, atc. Black
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade col Elementary/Secondary (0-12)	(IOH mpleted) College (1-4 or 5 +)	Give kind of white Do NOT use Laborer	ork done during no retired.)	OH ost of working		strial	
BE CO	17. FATHER'S HAME (First, Middle, Last) Willian	Penn				AME (First, Middle, Maider / Defreitis		
5	Thelma V. Penn					More, Md.		
	20e. METHOD OF DISPOSITION 1	0	ery, cometory or off Metro	Crema to	ry	Ba	altimore,	
	21. SIGNATURE OF FUNGRAL SERVICE LIDEN	roun		Wil	-08 West	Brown Commu North Ave	nue. Ral	eral Hm. timore Md.
	23. PART I. Enter the diseases, or con abook, or heart failure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in death)	t only one cause on eac	h line.	ot enter the m	ode of dylng, aud	sh as cardiac or resp	Iratory srreat,	Approximate interval Between Onsat and Death
ERTIFICATION	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	OHSEOUEHCE OF	):				
ERTIFIC	cause (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A C	OHSEOUEHCE OF	:				
PHYSICIAN: MEDICAL CI	PART II. Other algnificant conditions of	ontributing to death but	not reaulting in	the underlyln	g cause given in	PERFOR		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 HO
SICIAN		OSPITAL:		OTHER:				
ву РНУ	27. MAHHER OF DEATH   Netural 5   Pending   Investigation	R OF DEATH  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF HAJURY M 1			URY AT DRK? YES 2 HO	28d. DESCRIBE HOW I	NJURY OCCURED	
ETED	3 Suicide 8 Could not be detarmined	28a. PLACE OF IHJURY — building, etc. (Specify,				281. LOCATIOH (Street a City or Town, State)		loute Number,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIAL (Check only 2) MEDICAL EXAMINER: C	H: To the beat of my knowled On the basis of examination a	ge, death occurred nd/or investigation	at the time, deta , in my opinion, o	and place, and due leath occured at the	to the cause(a) and mar time, deta and place, an	nner sa stated, ed dus to the cause(s	) and menner as stated.
TO BE	296. Sprayure and title of cultifier	lemo			O C M		29d. DATE SIGNED  ▶ 9 – 18 –	

111 N.

1997. REGISTRAN'S SIGNATURE

DHMH-16 Rev t/89

PENN STREET BALTIMORE, MARYLAND 2120



DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE CONTRACT OF ATTENDING PHYSICIAN: The la TO THE FURTHER DESCRIPTION After this certificate has be filed within 72 hours after death with the State Del IMPORTANT: If Item 28 is marked, or Item 25.

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law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attendi	is been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as it	ept. of Health and Mental Hygiene prior to burial, cremation, or removal.	23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTA	MENT OF H	EALTH AND N	IENTAL HYGIEN		1 20020		
	1. DECEDENT'S NAME (First, Middle, Last)	NEAL R. QU	INTO			2. DATE OF DEATH ON SEPTEMBER	Y 22 100	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 215-22-4767	5. SEX 6. AGE (in yrs.	last birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7 OATE OF BIRTH	Lan	RTHPLACE (State or Foreign untry)		
	9e. FACILITY NAME (If not institution, give s	11 . 03				JUNE 26,1928 COUNTY OF DEATH				
CTOR	3386 DULANY ST				IMORE		9c. COUNTY 0	PDEATH		
DIRECTOR	MARYLAND -			DWN OR LOCATI	T			10d. INSIDE CITY LIMITS? XX YES 2 NO		
FUNERAL	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN E	F WHAT COUNTRY?		
NEF	3386 DULANY STREI				21229			S.A.		
ВУ	1 Never Merried 2 XXMerried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 TY YES 2 [ IF YES, GIVE WAR OR DATES	ARMED NO	13. WAS DECE If yes, spe 1 - YES	cify Cuben, Mexicen.	C DRIGIN? (Specify Yee, Puerto Ricen, atc.)	9	ACE — American Indien, leck, White, etc.		
TED	15. DECEDENT'S EDUC (Specify only highest grade		DECEDENT'S USL (Give kind of work	JAL OCCUPATION	N t of working	16b. KIND OF BUS	INESS/INDUSTR	r		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	BORER	tired.)	t or working	BALTIMO	RE CITY	TRANSIT DEPT. OF		
00	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	E (First, Middle, Meiden	Surneme)			
BE	JOHN B. QUINTO  190. INFORMANT'S NAME (Type/Print)					LUCEDIO				
2		(BROTHER)				oute Number, City or Town				
	20s, METHOD OF DISPOSITION					ONSVILLE,				
	1 X Burial 2 Cremetion 3 Remote 4 Donation 5 Other (Specify)	oval from State cemetery of MARY	LAND VE	GARRIS TERANS	ON FORES CEMETERY	T DATE 20c, LOC 9/25/91	OUTNES 1	MILLS, MD.		
	21. SIGNATURE DF FUNERAL SERVICE LIC	ENGES . J		22. NAME AND	ADDRESS OF FACE	ITY		UNERAL HOMES		
	Kusselle	nogh						LLE, MD. 21228		
Z	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Due to (DR AS A CONS	ne.	enter the mod	e of dying, such	ea cerdiac or respir	ratory arreat,	Approximats Interval Batween Onset and Daath Memos		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS					7			
PHYSICIAN: MEDICAL	PART II. Other significent conditions	contributing to deeth but not	t resulting in th	na underlying	ceuse given in Pa	PERFORI	HED?	40. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLA	CE DF DEATH (Check	t only one)				
YSIC	1 Tes 2 No	HOSPITAL: 1 Inpatient 2 ER/Outpetient		HER:	5 Residence 6					
ВУ РН	27. MANNIA DF DEATH  1 Netural 5 Pending 2 Accident Investigation	26e. DATE DF INJURY (Month, Day, Year)	28b. TIME DF		RY AT 2	ed. DESCRIBE HOW IN	JURY OCCURED			
- 111	3 Suicide 6 Could not be determined	26e, PLACE OF INJURY — At I building, etc. (Specify)	home, ferm, street	t, factory, office	2	6t, LOCATION (Street er City or Town, State)	nd Number or Run	of Route Number,		
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	2011 SHIMATURE AND TITLE OF CERTIFIER	_			Nr. LICENSE NUMBI			ED (Manth, Day, Year)		
TO BE	James &	-Carr	- m	nD	2 3	332	D 9/	3/9/		
	90. St A	COMPLETED CAUSE OF BEACH (IT	EM 27) (Type, Prior	0	Bello	m	1 7	1279		
	31. DAT SEP 2 4 1991	Jane Device Signature	-							

Hammer J. H.

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Pages 1, 2, 3 should

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page	TO THE FUNERAL DIRECTOR: After this centificate has been signed by the attending physician and completely filled in by the funeral dir be filed within 20 hours after healt with the State Dent of Health and Mental Modera Modera to hund, represente	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner
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	within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 20 hours after death with the State Dent of Health and Mental Honison prior to burial premarion	went,
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	TOCEDIA	"						2. DATE (	OF DEATH	AY	YEAR	3. TIME OF DEATN
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		1 🕅 M 2 🗆 F	F 62 YRS. MONTHS DAYS HOURS MIN.					7 – 10 – 29			PLACE (State or Foreign Y)	
ECIOR	9a. FACILITY NAME (If not institution, give 1400 E. MADIS RESIDENCE OF DECEDENT	817	9b. CITY, TOWN OR LOCATION OF DEATH						9c. COUNTY OF DEATH			
5	10e. STATE 10b. COUN	тү			BALTI							10d. INSIDE CITY LIMITS? 1 X YES 2 NO
MERAL	1	ON ST.				10f. ZIP COR	205			10g. CITI	U.S	WHAT COUNTRY?
NO. 10	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES :	2 X NO	If ye	DECENDENT e, specify Cub YES 2 NO	an, Mexicar	, Puarto Ri	(Specify Yas Icen, atc.)	or No-	14. RACE Black Speci	- American Indien, t, White, etc.
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	10TH  17. FATNER'S NAME (First, Middle, Last)  GEORGE ROBERT:	S		DISA	) L L U		NER'S NAM		Iddle, Melden	Surname)		
	19a. INFORMANT'S NAME (Type/Print) WILLIAM ROBER			196. MAILING 5935	DAYW	reet and Numbe	r or Rural A	oute Numbe	r. City or Town	n, State, Zip	1D 2	1206
	20e. METNOO OF DISPOSITION  1 X Burlel 2 Cremetton 3 Rer 4 Donation 6 Other (Specify)			SHELL	MEMO!	RIAL	GARD			LTIN		, MD
	· /Anella	TAN				E AND ADORE						
7	23. PARTY. Enter the diseases or	complications the	t coursed th	o dooth Do								ORTH AVE
	23. PARTY. Enter the diseases, or shock, or heart fallura.  iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. ARTERIC	SCLER	ilina,	ARDIOVA	moda of dy	ring, such	aa cardi				Approximata interval Between
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PLACE OF D  Home 5 XR  INJURY AT  WORK?  YES 2 [  Office	given in F	EASE  Part I. :  ik only one)  Other (  28d. DESC  28f. LOCAT  City or	24a. WAS AN. PERFOR  Specify)  RIBE HOW IN TOWN, State)	AUTOPSY MED?  NO NO NO NO NO NO NO NO NO NO NO NO NO	24b.	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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attendion obscission	stained by the hospital or attending obysician
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shou be filed within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	should be detached for use as the burial-transit permit, Pages 1, 2, 3 should
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	ntifled at once.

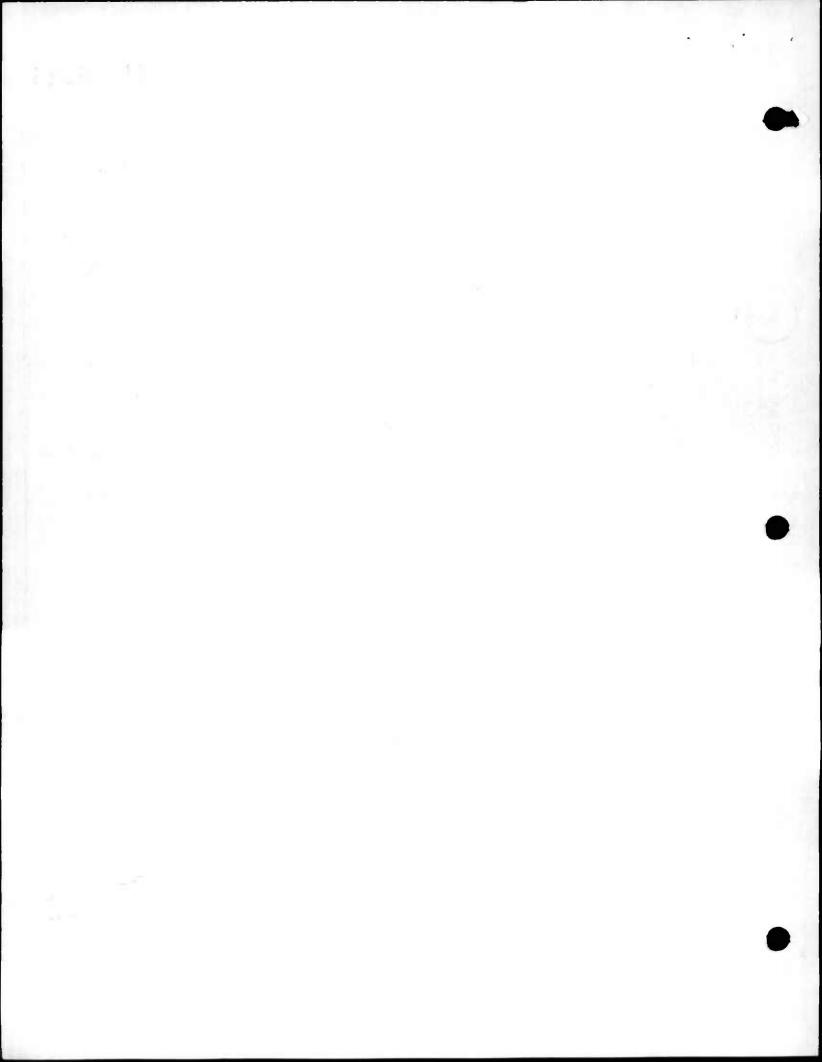
	1 - FOR STATE STATE	OF MARYLA	ND / DEPA	RTMENT	OF H	EALTH AN DEATH	D MEN		E	91	25925
	1. DECEDENT'S NAME (First, Middle, Last)  CLARA E RO	TIMA	N		OF	DEATH		REG. NO.	<u> </u>	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 2/3-74-4543 1 □ M :	XF .	yrs. lest birthday, 86 YRS.		YEAR DAYS	IF UNDER 24 HR HOURS MIN	S. 7. C	ATE OF BIRTH Month, Day, Year)	94	Country)	ce (State or Foreign
0 B	9a. FACILITY NAME (If not institution, give street and nu Harbor Hospital Cent			96. CITY,		LOCATION OF	Cit	.у		NTY OF DEATH	
DIRECTOR	10a. STATE 10b. COUNTY Maryland =======			TY, TOWN OF		ON				1	1. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 400 Maude Avenue				101.	ZIP CODE 21225				ZEN OF WHAT	YES 2 NO
BY	1 Never Married 2 Married FORC	DECEDENT EVER IN UES? 1 YES	2 NO		yes, spe	NDENT OF NIS city Cuban, Ma: 2 NO Sp	dean, Pu	RIGIN? (Specify Yea erto Rican, etc.)	or No	14. RACE — A Black, Wi Specify:	American Indian, nite, aic.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College	1-4 or 5 +)	(Give kind of life. Do NOT	Work done du	CUPATION uring mos	of working		16b. KIND OF BUS	INESS/IND	USTRY	
OMP	5th Grade 17. FATHER'S NAME (First, Middle, Last)		House	wife	_	10 MOTHERIO	NAME (F	Home N			
BEC	Frank	М. Н	Burch				die	Crow	Sumame)		
2	19a. INFORMANT'S NAME (Type/Print)							Number, City or Town			
	Gloria Clabaugh	20h P	LACE AND DATE			d Road		Jinthicur			
	1 😿 Burial 2 🗆 Cremation 3 🗆 Removal from 5 4 🗎 Donation 5 🗆 Other (Specify)	tata cemet	ery, cremetory or en Have	other place)			1			city or Town, :	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Don	w	22. N/ G€ 40	org	ADDRESS OF E J. G Ritchi	once e Hw	Funeral	Hom	e P.A.	
	23. PART I. Entar the diseases, or complication shock, or heart fellure. List only it	ons that caused t	ha death. Do	not antar ti	ha mod	a of dylng, s	uch as	cardiac or reapli	ratory arr	eat,	Approximata Interval Batween
	IMMEDIATE CAUSE (Final	EPTIC DUE TO (OR AS A C	cH2								Onset and Death
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST	LATERA DUE TO (OR AS A C PIRAT! DUE TO (OR AS A C	ON P	NEUT	101	IIA					D.
MEDICAL	PART II Other significant conditions contribu	ting to death but	TIOK	in the und	arlying	cause given	In Part	1 YES 2	MED	OF I	RE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE DEATN?  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL										
SICI	EXAMINER? HOSPIT	AL:	ent 3 DOA	OTHER:		5 - Residence					
РНУ	27. MANNER OF DEATN 28n. I	DATE OF INJURY Month, Day, Year)	28b. TIN		8c. INJUI WOR	RY AT	7	DESCRIBE HOW IN	JURY OCC	URED	
BY	2 Accident Investigation			М	1 NE	S 2 NO					
ETED.	4 Homicide detarmined	LACE OF INJURY — pullding, atc. (Specify)						LOCATION (Street ar City or Town, State)			Number,
COMPLET	29e. CERTIFIER (Check only one)  1 CERTIFYINO PNYSICIAN: To the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but the but th	beat of my knowled	ge, death occurr nd/or investigation	ed at the time on, in my opie	e, data a nion, des	nd place, and d	lus to the	cause(s) and menr data and place, and	dua to the	d. cause(s) and	manner as stated.
TO BE	29 SIGNATURE AND TITLE OF CERTIFIER	Mn				9c. LICENSE N	UMBER		29d. DATE	SIONED (Mon	In, Day, Year)
-	31. DATE FILED (Month, Day, You)  SEP 2 4 1991  JUNE 1991  SEP 2 4 1991  SEP 2 4 1991		1.210		VE	e St.	В	ALTIMO	RE	HAR	YLAHA



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	FOR STATE REGISTRAR	STATE OF MARY	LAND / DE	PARTME TIFICA	NT OF	HEALTH AND	MENT	AL HYGIEN		1	25926
	1. DECEDENT'S NAME (First, Middle, Last	•					2. DAT	E OF DEATN		EAR	3. TIME OF DEATN
	LEWIS  4. SOCIAL SECURITY NUMBER	R. 5. SEX 8. AG	KAND E (In yrs. last birti	OLPH	1		09	22	9	1	03:44
	032-05-5743	1 🛣 M 2 🗆 F	78 Y	RS. MONTH		IF UNDER 24 HRS. HOURS MIN.	0.5	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	13	Country)	RY LAND
стоя	9a. FACILITY NAME (If not institution, give GREATER BALTIMO		CENTER	9b. C		OR LOCATION OF I	DEATN		9c. COUNTY		MORE
DIREC	RESIDENCE OF DECEDENT  10a. STATE  MARYLAND  BAI	TIMORE	10-	c. CITY, TOW						- 1	IOd. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	TIPORE				OVILLE DY. ZIP CODE			10g. CITIZE	_	TAT COUNTRY?
FUNERAL	10810 POWERS	S AVE.				21030			U	. 5	A
BY FUR	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 NO		If yes, s	CENDENT OF HISPA pecify Cuban, Mexic S 2 NO Spec	can, Puerlo	IN? (Specify Yes Ricen, etc.)	or No — 14	RACE - Black, Specify.	- American Indien, White, etc.
ETED	15. DECEDENT'S ED (Specify only highest grad	UCATION	(Give kii	ENT'S USUAL	ne durina m	ION lost of working	16	b. KIND OF BU	SINESS/INDUS	TRY	BLACK
PLE	Elementary/Secondary (0-12)	College (t-4 or 5 +)	life. Do N	eriser eeu TOV	00	0		Q OL	- 0		,
COMPL	17. FATHER'S NAME (First, Middle, Last)	~ 0			UL	18. MOTHER'S N	AME (First,	Middle, Maiden	Surname)	001	11 /
BE (	William	13. KAND	JOTES			620	861	ANNA	PA	Yn.	2
2	19a. INFORMANT'S NAME (Type/Print)	200222	19b. MA	ILINO ADDR	ES\$ (Street	and Number or Rura		nber, City or Tow	n, State, Zip Co	de)	
	20a. METHOD OF DISPOSITION	210805	0b. PLACE AND E	ATEOF DISE	OSITION (N	lame of	DA	TE 20c LO	CATION — City	oz Towe	State
	1 ☆ Burial 2 ☐ Cremation 3 ☐ Rei 4 ☐ Donation 5 ☐ Other (Specify)	moval from State	emetery, cremator	y or other ola	m. 1	CHURL	H 9-		sc. Ks y	SVI	225 10
	21. SIGNATURE OF FUNERAL SERVICES	ICENSEE			2. NAME A	ND ADDRESS OF F	ACILITY	OFC	4 ms	(	
	trula	to Nara, 1.			232	5 YORK	130	GO -T	ino	ri c	m
	23. PART I. Entar tha diseasea, or ahock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. CA	ARDIAC	ARRES'		out of dying, at		or reap	ratory arrea	As .	Approximate interval Batwa Onsat and Da
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS  C.  DUE TO (OR AS	A CONSEQUEN								
MEDICAL (	PART II. Other algnificant condition	na contributing to deeth	but not result	ting in the	underlyln	g cause given in	Part I.	24s. WAS AN PERFOR 1 YES 2	MED?	600	PERE AUTOPSY FINDING VAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
										1	YES 2 NO
SICIAN:	25. WAS CASE BEFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТН		LACE OF DEATH (C	heck only o	ne)			
PHYS	1 ES 2 NO 27. MANNER QE DEATH	1 Inpetient 2 ER/Ou 28e. DATE OF INJURY			lursing Hon	ne 5 🗆 Realdence					
	t Natural 5 Pending	(Month, Day, Year)	280	INJURY M	W	JURY AT DRK? YES 2 NO	28d. DE	SCRIBE HOW II	IJURY OCCUR	ED	
red BY	2 Accident investigation 3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJUR building, atc. (Sp	TY — At home, fo	erm, atreet, f				CATION (Street a or Town, State)	nd Number or	Rural Rou	te Number,
COMPLET	29a. CERTIFIER (Check only one) 2/ MEDICAL EXAMIN	SICIAN: To the best of my kno	wiedge, death o	courred at th	e Ilme, date	end place, and du	e to the ca	use(a) end man	ner as stated.		
- 19	29b. SIGNATURE AND TITLE OF CERTIFIE	ER: On the basis of examinati		igation in m	y opinion, c	-		e and place, an			
R	Muchi	M. Janes	100	7,1		290, LICENSE NU	3 S	-3	29d. DATE SI	GNED (A	fonth, Day, Year)
2	30 NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF D	EATN (ITEM 27)	(Type, Print)	Α.	1/ 1	00.		7-	3	71-02
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	31. DATE FILED (NSEP 24 1	32. REGISTRAN'S SIG	HUSON-RO	ndelle	/						

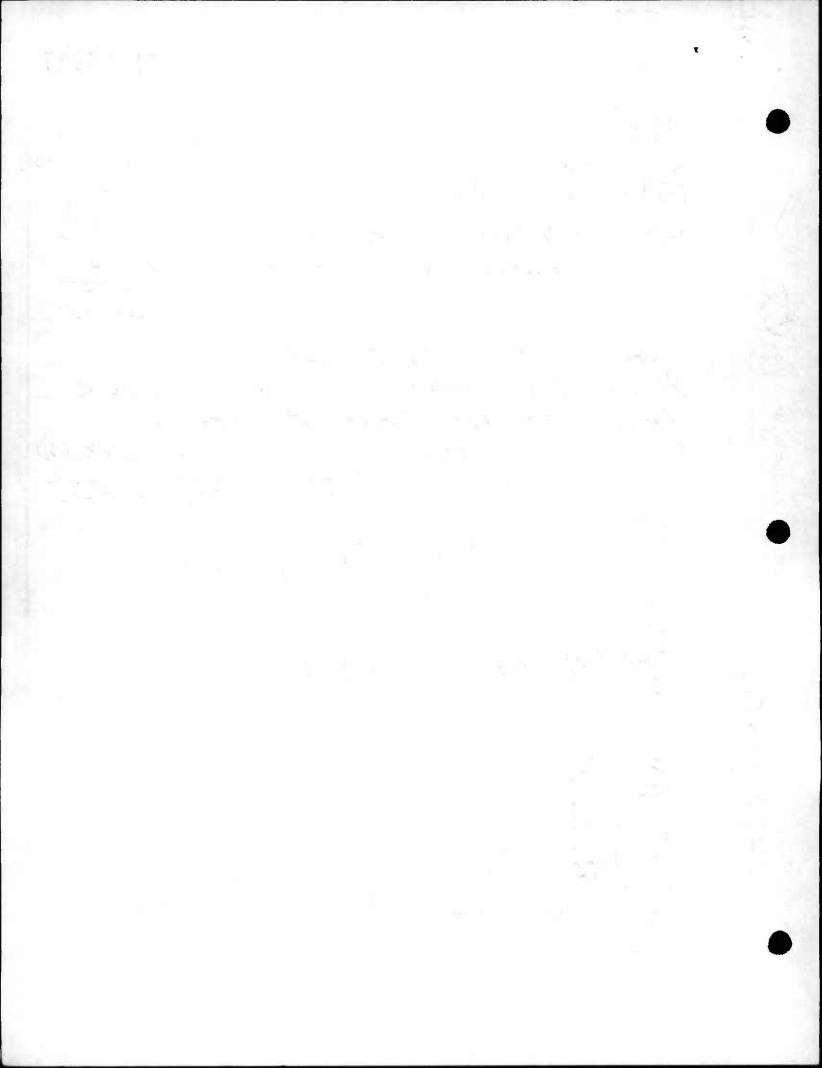


DHMH-18 Rev 1/89

DALLIMORE, MAR	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page is may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral electron plant is man		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
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	REGISTRAR CERTIFICATE OF DEATH REG. NO.	
	1. DECEMENT'S NAME (First, Middle, Last)  Leba Z. Schneider  2. DATE OF DEATH MONTH PAY 9 YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 1 UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Morth, Day, Year) 6. BIR 7. DATE OF BIRTH (Morth, Day, Year) 7. DATE OF BIRTH (Morth, Day, Year) 8. BIR 8. BIR 8. BIR 9. CS 09/09 8. BIR	THPLACE (State of Edward Intry) PLTO, CO. MI
TOR	98. FACILITY MAME IT not institution give street and number)  99. CITY FOWN DR LOCATION OF DEATH  90. COUNTY OF  A STUN  RESIDENCE OF DECEDENT  90. COUNTY OF	ittord
DIRECTOR	10a. STATE 10b. COUNTY CO. 10c. CITY, TOWN OR LOCATION MARYLAND HARRARD CO. FALLS TON	10d. INSIDE CITY LIMITS? 1  YES 2 NO
FUNERAL	100. STREET AND NUMBER 100. STONEWALL IA. 101. ZIP CODE 21047 109. CITIZEN OF	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS  1  Never Married 2 Married  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 HOO If yes, specify Cuban, Mexican, Puerto Rican, etc.)  13. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.)  14. RA  15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.)  16. YES, GIVE WAR OR DATES  17. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.)	CE — American motals, ask, White, ask,
		HILE
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  (Give kind of work done during most of working life. Do NOT use retired.)	
BE CON		HER
TO B	11 198. INPUHMANT'S NAME (NDS/PTIO) /\ 199. INPUHMANT'S NAME (NDS/PTIO) /\	
	20a. METHOD OF DISPOSITION  1  Burial 2 Cremation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of competancy crematory of other place)  20c. LOCATION — City or of competancy crematory of other place)  4 Donation 5 Other (Specify)	Town, Blata  AREYLAND
	21. SIGNATURE OF FUNITIAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  22. NAME AND ADDRESS OF FACILITY  23. NAME AND ADDRESS OF FACILITY	Hage
	23. PART. Enter the diseases, scompilications the coused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest,	Approximate
	ahock, or heart fellure. List only one course on lach line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  e.	Interval Between Onset and Death
N	Sequentially list conditions, Due to (on as a course of the Shift World M.)	
ATI	If any, leading to immediate cause. Enter UNDERLYING	
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	
	II name it days a filter of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the cont	
EDICAL	PART II. Other abultions contributing to death but not resulting in the underlying cause given in Part I. Part II. 24a. WAS AN AUTOPSY PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
-		OF DEATH?  1 YES 2 NO
N.		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:	
YSI	1 YES 2 NO 1 Pinpatiant 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)	
ВУ	2 Accident investigation 28s. PLACE OF IN.I.I.BY At home farm street feetons office.	al Route Number
	4   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicide   Homicid	
COMPLETED	29a. CERTIFIER (Check only one)  1 PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner ee atated.  2 PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause (a) and manner ee atated.	e(e) and manner as stated.
	III 29h SIGNATURE AND FITTH THE CENTER OF A PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE	ED (Month, Day, Year)
TO BE	100 Monday D16444 >	
	U.S. NAIRMD: 200 Millan INC; Fallston-MD:	21047.
	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



irmit. Pages 1, 2, 3 should

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)	A 5	chwar	t-7	2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER 1 YEAR IF UNDER 24 HRS. HTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Gauntry)			
	9a. FACILITY NAME (If not institution, give			CITY, TOWN OR LOCATION OF	DEATH 9c. COU	BALTO., MARYLAND			
<u>ق</u>	LONGUIEW A	URSING H	ome	MAncheste	ER, Md C	ARROLL			
DIRECTOR	10a. STATF 10b. CQUN	IMORE		TIMORE COUN	ry	10d. INSIDE CITY LIMITS?  1 7ES 2 X NO			
FUNERAL	100. STREET AND NUMBER 6107 WHEATLA	ND ROAD		101. ZIP CODE 21228		IZEN OF WHAT COUNTRY?			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	13. WAS DECENDENT OF HISP If yes, specify Cuban, Maxi- 1 YES 2 NO Specific		14. RACE — American Indian, Black, Whita, atc. Specify:			
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION to completed) College (1-4 or 5+)		JAL OCCUPATION doire during most of working tired.) TRIEIAN	166. KIND OF BUSINESS/INI				
BE CON	17. FATHER'S NAME (First, Middle, Last)  JOHN ANDREW S	CHWARTZ		16. MOTHER'S N	IAME (First, Middle, Melden Surneme)	Ke.R			
2	198. INFORMANT'S NAME (Type/Print)  KATHERINE SCH		6107 W	HEATLAND RD		MD 21228			
	200 METHOD OF DISPOSITION  2 Surial 2 Cremation 3 Red 4 Donation 5 Other (Specify)	noval trom State	ib. PLACE OF DISPOSITION Of the place) [EAD OWRID]	ON (Name of cemetery, crematory of GE MEMORIAL		CO., MARYLAND			
	21. SIGNATURE OF FUNERAL SERVICE L		7	EDWARD J. V	WEBER FUNERAL DSON AVE. BAI	HOME			
CERTIFICATION	23. FART Enter the diseases, or shock, or heart fellure importance or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infilted events resulting in death) LAST	s. Due to (on as	CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:	varylan	Embolish tic aneur	Interval Between Onset and Death			
MEDICAL	PART II. Other significent conditions and the Recent Survey San Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey Survey S	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2							
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 700	HOSPITAL:		26. PLACE OF DEATH ( THER: Driving Home 6  Residence					
BY PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	F 28c. INJURY AT	28d. DESCRIBE HOW INJURY OC	CCURED			
	2 Accident investigation 3 Suicide 6 Could not be determined  28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								
COMPLETED	onel				us to the cause(s) and menner as at the time, data and place, and dus to t	1			
TO BE	29b. SIGNATURE AND TITLE OF CERTIF	indMD		DØ 2	3 86 29d. DA	TE SIGNED (Month, Day, Year)			
*	WHFUArd	M D 3	223 MA	inst M	Archesto	MA 21102			
	31. DATE FILED (MOTE PO) 192 1 199 132. REGISTRAN'S SUMAFURE Pandage								

and the problem of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of

	1 - FOR STATE REGISTRAR		STATE OF I	MARYLAN	ID / DEPAI	RTMENT	OF H	IEALTH DE A	AND	MEI	NTAL HYGIEN REG. NO.	E	9	259	929
	1. DECEDENT'S NAME (First		LEONOR		STANG		0.	DLA		SE	DATE OF DEATH DATE OF TEMBER	22,1	991	3. TIME OF D	
	4. SOCIAL SECURITY NUMBER 216-10-6249		5. SEX 1 M 2 XX	M 2 KMF 74 YRS. MONTHS DAYS HOURS MIN.			MIN.	JU	NE 8, 19		8. BIRTH	YLAND	r Foreign		
TOR	9e. FACILITY NAME (# not institution, give street end number)  MERIDIAN MULTI MEDICAL CENTER  RESIDENCE OF DECEMENT					9b. CITY,		SON	ION OF D	EATN			T IMO		
DIRECTOR	100. STATE MARYLAND	10b. COUNT	BALTIM	ORE	10c. CIT	CATON			-					10d. INSIDE C LIMITS? 1 YES 2	
FUNERAL	100. STREET AND NUMBER 1407 WOODBRIDGE ROAD					101	212					S.A	WHAT COUNTRY	77	
ВУ	11. MARITAL STATUS  1 Never Merried 2 3 X Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES :	2 Y NO	14.	yes, spe	icity Cubi	OF HISPAI en, Mexica Specif	en, Pu	RIGIN? (Specify Yee arto Rican, etc.)	or No—	14. RACE Black Speci	E — American is k, White, etc. ily:	ndlen,
COMPLETED	15. DEC (Specify only Elementary/Secondary (0 1 O	EDENT'S EDU y highest grade	College (1-4 or 5 d	+)	In. DECEDENT'S (Give kind of life. Do NOT u	work done du se retired.)	CUPATIO	N st of worki	ng		16b. KIND OF BUS		DUSTRY		
8 0	17. FATHER'S NAME (First, M	liddle, Last)			ESTIMAT	LK		1a, MOT	HER'S NA	ME (F	PRINTI				
BE	FILIPPO GUGLIUZZA  190. INFORMANT'S NAME (Type/Print)			19h MAII ING	ADDDESS	Otmot o	GI	OVAN	NA	DiMARC Number, City or Town	0				
5	BARRY CASAN		(SO	N)							ONSVILLE			28	
20a. METNOD OF DISPOSITION 1A) Burlal 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)					OF DISPOSIT	ION /Na	me of				ATION -	City or To	wn, State	D	
	21. SIGNATURE OF FUNEBAL	C SERVICE LIC	een	1/2	-	LER	OY	M. &	SS OF FA	SE		TZKE	FUN	ERAL HO	OMES
	23. PART I. Enter the di shock, or hi iMMEDIATE CAUSE (Fin disease or condition resulting in death)	gart lanura.	a.	Isch	e death. Do o	bowe	ha mod	de of dy	Ing, suc	h as	cardiac or raapir	atory arr	rest,	Approxi	msta Between and Daath
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING														
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST														
PHYSICIAN: MEDICAL C	Metastatic breast cancer 1 yes 27 No								WERE AUTOPSY AWAILABLE PRIC COMPLETION OF OF DEATN? 1 YES 2	F CAUSE					
CIAN	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	WCCD.TA				26. PL	ACE OF D	EATN (Che	eck on	ly one)				
KSI	1 TYES 2 NO		HOSPITAL:		nt 3 🗆 DOA	OTHER:	g Nome	5 🗆 Ra	sidence	s 🗆 c	Other (Specify)				
ВУ РН	27. MANNER OF DEATN  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  4 U YES 2 NO  28d. DESCRIBE HOW INJURY OCCURED  1 YES 2 NO														
		Could not be setermined	28e. PLACE OF building,	F INJURY — / atc. (Specify)	At home, farm, s	street, factory	, offica			261.	LOCATION (Street an City or Town, Stete)	d Number	or Rural R	oute Number,	
COMPLETE	29a. CERTIFIER (Check only one) 2 MEDIC	FYING PHYSIC	CIAN: To the best of a	my knowledge amination en	e, death occurre	n, in my opir	o, date a	and place,	and due	to the	cause(e) and menr	due to the	ed. cause(e)	end menner ae	steled.
TO BE	29b. SIGNATURE AND TITLE 30. NAME AND ADDRESS OF	1	Yaul Ch	eup,	NO				D 16		87	29d. DATE	SIGNEY 2	(Morth, Day, You	r)
	TO STAME AND ADDRESS OF	PERSON WNO	COMPLETED CAUS	E OF DEATH	(ITEM 27) (Type,	Print)							1	l .	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to remotion, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

PAUL CHANG M.D. 5601 LOCH RAVEN BLVD. SUITE 107
31. DATE FILED (Month, Day, 1601)
SEP 2.4 1991

SEP 2.4 1991

SEP 2.4 1991

BALTIMORE, MARYLAND 21239

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Je Land

State Day of Marie Them

	1 - FOR STATE REGISTRAR	ATE OF MARYLAN	ND / DEPARTMI	NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.	91 25930
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH
	MARY R. F		SMITH			1991 10 · 47P M
	4. SOCIAL SECURITY NUMBER 5. SE		MONT	HOER 1 YEAR IF UNDER 24 HRS	(Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
			U YRS.		9-1-21	Md
OC.	9a. FACILITY NAME (If not institution, give street an		9b.	CITY, TOWN OR LOCATION OF	DEATH 9c. (	COUNTY OF DEATH
DIRECTOR	4628 PARK HEIGHT	S AVENUE		BALTIMOR	E CITY	
Ä	10a. STATE 10b. COUNTY		10c. CITY, TO	N OR LOCATION		10d. INSIDE CITY
	Md		В	altimore		LIMITS?
₹	10e. STREET AND NUMBER			10f. ZIP CODE	10g.	CITIZEN OF WHAT COUNTRY?
FUNERAL	4628 Park Heights			21215		USA
	1, Never Married 2 Married F	MS DECEDENT EVER IN U. ORCES? 1 TYPES : YES, GIVE WAR OR DATE	2 XNO	13. WAS DECENDENT OF HISP II yes, specify Cuban, Maxi 1 YES 2 X NO Spe		Black, White, etc.
ED BY	3 Wildowed 4 Divorced IF					spec#Black
	(Specify only highest grade comple	ted)	Give kind of work di life. Do NOT use retin	one during most of working	16b. KIND OF BUSINESS	MINDUSTRY
P	5th	ige (1-4 or 5+)		· · · ·		
COMPLET	17. FATHER'S NAME (First, Middle, Last)			18 MOTHER'S	NAME (First, Middle, Maiden Surnan	
	Columbus Rogers				/ Clee	ne)
) BE	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING ADDR		al Route Number, City or Town, State	-Zin Code)
임	Earl V. Rogers				Randallstown	
	20s. METHOD OF DISPOSITION 15 Burial 2 Cremention 3 Removal Inc	20b. PL	ACE AND DATE OF DIS	POSITION (Name of	DATE 20c. LOCATION	I — City or Town, Stata
	4 Donation 6 Dipor (Specify)	cemete	r frigo Mellio	fal Park	92691 Randa	llstown, Md
	21. SIGNATURE OF FUNDIAL SERVICE LICENSEE	Plyan	/	March F/H W 4300 Wabas	lest	
	23. PART I. Enter the diseases, Dr compile	cationa that caused th	ne death. Do not ar	ter the mode of dving. at	ich as cardiac or reeniratory	arreat, Approximate
	shock, or heart fellure. List or IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A CO	sclout	· Cordian	naula-Pise	Interval Batween Oneat and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants	DUE TO (OR AS A CO				
CERI	resulting in death) LAST					
CAL	PART II. Other aignificant conditions cont	ributing to death but	not resulting in the	underlying cause given i	n Part I. 24s. WAS AN AUTOP PERFORMED?	SY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
V: MEDI					1 YES 2   NO	COMPLETION OF CAUSE DF DEATH?  1  YES 2 NO
¥.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (C	Check only one)	
Sic	HOS	PITAL: patient 2 - ER/Outpatie	mt 3 DOA 4 D		6 Other (Specify)	
PHYSICIAN:	1 Natural 5 Pending	8a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK?	26d. DESCRIBE HOW INJURY	OCCURED
ED BY	2 ^Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	6a. PLACE OF INJURY — building, etc. (Specify)	At home, larm, street,		28f. LOCATION (Street and Num City or Town, State)	nber or Rural Route Number,
LEI	An Orestern					
COMPLET	(Che k only CERTIFFING PHYSICIAN: It	o the best of my knowledg na basis of exemination an	e, daath occurred at ii d/or investigation, in n	e time, data and place, and do y opinion, death occured at Ih	is to the cause(s) and manner as he lime, data and place, and due is	stated. o the cause(s) and manner as stated.
O-BEC	296. SIGNATURE AND TITLE OF CENTIFIED	lem	D	29c. LICENSE NO	JMBER 29d, C	DATE SIGNED (Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WAS COME	LETED CAUSE OF DEATH		NN STREET	BALTIMORE, N	
		2. REGISTRAR'S SIGNATU	RE			
	AFI NA 1001	relia Davidson	nandelle			

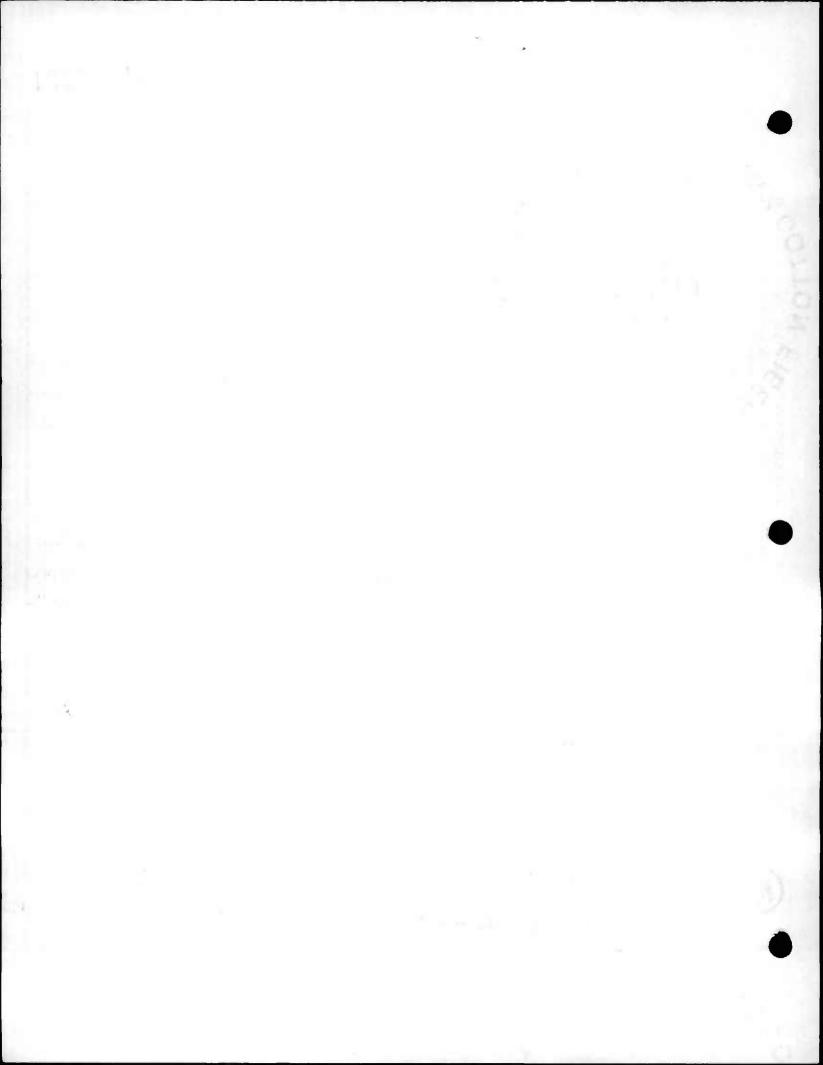
v = -1

A To

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a consistence of the death of the hospital or attending physician.

The FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be defaulted for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached by the transit permit of the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL	HYGIENI REG. NO.	-	, ,	23931
1. DECEDENT'S NAME (First, Middle, Le LOUISE C · S	PENGLER				MONTH	DE DEATH DAY		EAR	1:00 a.m
4. SOCIAL SECURITY NUMBER 274-36-4660 98. FACILITY NAME (# not institution, g)	1□M2X7F 51	YRS. MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN. R LOCATION OF OR	7. DATE ( (Month, Feb.		0.	BIRTHPLA Country) hio	CE (State or Foreign
THE JOHNS HOPK	INS HOSPITAL	1		ORE CITY					ECITY
10a. STATE 10b. COL			oww or Locat						. INSIDE CITY LIMITS? YES 2 1 NO
100. STREET AND NUMBER 1719 Wentworth	Avenue			21.234			10g. CITIZEN		COUNTRY?
11, MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVER FORCES? 1 YES	2 X NO	If yes, sp	ENDENT OF HISPAN Holty Cuban, Mexica 2 X NO Specify	n, Puerto F			RACE — / Black, Wi Specify:	American Indian, ills, stc.
15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12) 1.2 Years	EDUCATION rade completed)  College (1-4 or 5+)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use in Homemake	k done during mo etired.)		16b.	KIND OF BUS	home	TRY	
17. FATHER'S NAME (First, Middle, Last,	1 3 3 4	nomenake	eT	18. MOTHER'S NA		fiddle, Malden	Surname)		
Allen W. Trick	el	405 1449 140 1-	Marra /e	Doroth	-			ode)	
198. INFORMANT'S NAME (Type/Print)  Kathleen Neely				nd Number or Rural I					
20a, METHOD OF DISPOSITION    Solution   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method   Method	Removal from State	other place)	ION (Name of cer	netery, crematory or		20c. LO	CATION — CIT	y or Town,	Stats
21. SIGNATURE OF FUNERAL SERVICE		, arancy va	Johnso	och Raye	al Ho	me I			21204
23. PART I. Enter the diseases, shock, or heart falls IMMEDIATE CAUSE (Final disease or condition resulting in death)	ire. List only one glause on Sept	each line.	anter the mo	de of dying, suc	h as card	llac or respi	ratory arres	t,	Approximate interval Between Onset and Death
Sequentially list conditions,	DUE TO (OR AS A CONSEQUENCE OF):  LM MUNOSUPPLY SOLON  DUE TO (OR AS A CONSEQUENCE OF):								2 month
if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Bone	Marrou A CONSEQUENCE OF: Se large	N Tro	insplan	nt	_	· · · · · · · · · · · · · · · · · · ·		2 months
PART II. Other algnificant cond		0		9 ,		24a. WAS AN PERFOR	RMED?	AM CO	RE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE DEATH?
								1 [	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		THER:	LACE OF DEATH (C)	11 -				
27. MANNER OF OEATH  1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME (	OF 28c. IN.	JURY AT DRK? YES 2 NO	Y	SCRIBE HOW	NJURY OCCU	RED	
2 Accident Investigation 2 Subdet 28s. PLACE OF INJURY — At home, farm, street, factory, office 28s.						ATION (Street or Town, State)		Rural Rout	e Number,
CONTROL ONLY	HYSICIAN: To the best of my known MINER: On the best of examinate								nd manner as stated.
296. SIGNATURE AND TITLE OF CER		·D.		29c. LICENSE NU					onth, Day, Year)
30. NAME AND ADDRESS OF PERSO  N · Purpl	WHO COMPLETED CAUSE OF I	hys Hopl	ring) KINS	Hospit	al	600	N. Wo	y fe s	t. Balt
31. SEP 2 2 7 1991	gue 22 MENTIANIES	PARTY.							



BALTIMORE, MARYLAND 21215-(	requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending	peen signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the control of Health and Mental Hygiene prior to burial, cremation, or removal.	st be notified at once.
9	hin 24 nours after death. Page 6 r	tely filled in by the funeral director mation, or removal.	shows any injury, or other traumatic event, the medical examiner must be notified at once.
RECORDS, P.O. BOX 68760,	ath certificate be executed with	been signed by the attending physician and completely filled in by the of Health and Mental Hygiene prior to burial, cremation, or removal.	, or other traumatic even
RECORDS,	requires that the dea	een signed by the at of Health and Ment.	shows any Injury,

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WEN-SHYANG WU,

1991

31. DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

January Rendell

M.D

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH REX ALFRED SNIDER Sr. 9 20 1991 8:45 A M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 217-14-9178 1 M 2 F 79 08-23-12 WEST VIRGINIA 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF OEATH 9c. COUNTY OF OEATH VA MEDICAL CENTER FORT HOWARD BALTIMORE RESIDENCE OF DECEDENT 10e STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND HOWARD COUNTY ELKRIDGE YES 2 X NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 6620 WASHINGTON BLVD. 21227 UNITED STATES 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Maxican, Puerlo Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 YES 2 NO Specify 3 Widowed 4 Divorced Specify WORLD WAR TT WHITE 16e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondery (0-12) College (1-4 or 5+) 8 0 MECHANIC A.D. ANDERSON CHEVROLET 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) CHARLES SNIDER MINNIE RATCLIFF 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) DOROTHA M. SNIDER SAME AS # 10 20a METHOD OF DISPOSITION
1 Burlal 2 Cremellon 3 Removal from Stale 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 4 ☐ Donation 5 ☐ Other (Specify) VETERANS CEMETERY CROWNSVILLE 21. SIGNATURE OF FUNERAL MERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME Valle SECOND AVE. S.W. GLEN BURNIE, MD 21061 23. PART i. Enter the diseases, or complications that caused the daeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate ahock, or haert failure. List only one cause on each line Intervei Between IMMEDIATE CAUSE (Final Onsat and Deeth disaase or condition_ reaulting in death) a. BRONCHOPNEUMONIA 2 DAYS DUE TO (OR AS A CONSEQUENCE OF): DEMENTIA-ALZHEIMER'S DISEASE YEARS Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING VITAMIN B12 DIFFICIENT ANEMIA CAUSE (Disease or Injury YEARS DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART il. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2X NO OF DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 N Inpetient 2 ER/Outpetient 3 DOA OTHER 1 TYES 2 XNO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1X Natural 5 Pending М 1 YES 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner as stated. 2 __ MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 9-20-91

VA MEDICAL CENTER, FORT HOWARD, MARYLAND

DR ATTENDING PHYSICIAN: The law requires that

**DIVISION OF VITAL** 

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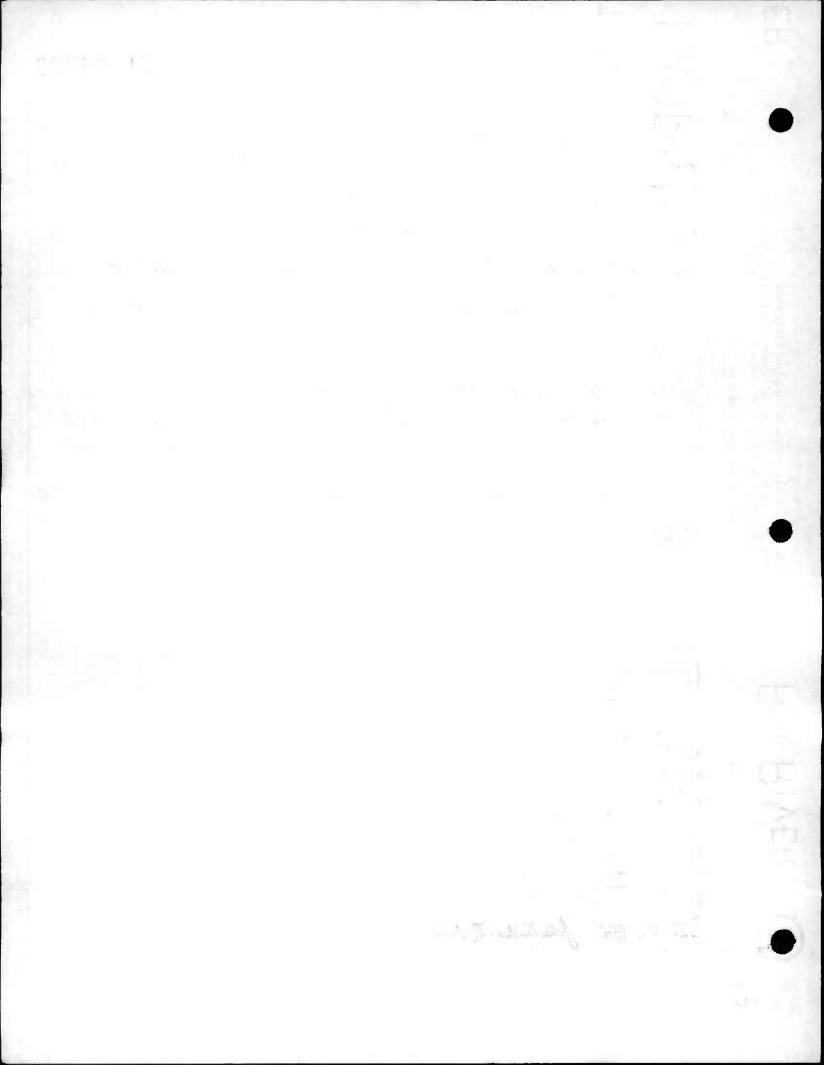
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TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FLINEFAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

-	1. DECEDENT'S NAME (First, Middle, Leat) Lely thomas	25			2. DATE OF DEATH	Y Q 1 YE	3. TIME OF DEATH			
- 1	4. SOCIAL SECURITY NUMBER 5. SEX, 6. AGE (In yrs. last	IF UNDER 24 HRS.	4 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State of Foreign							
	215-30-5801 INN201 59	2- COLOT I				(Month, Day, Year) Co.				
	9a. FACILITY NAME (If not institution, give street end number)	9	b. CITY, TOWN	R LOCATION OF DE		9c. COUNTY	OF DEATH			
R	ST Agnes Hosp.		BAL	Timore	2 City					
5	RESIDENCE OF DECEDENT  106. STATE  10b. COUNTY	400 CITY I	TOWN OR LOCAT				10d. INSIDE CITY			
DIRECTOR	On a real and	IDC. CITY	a It	200			LIMITS?			
	10e. STREET AND NUMBER	No.	10	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
ER	11 S. Culver St.			2/229		11.	SIA.			
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVED IN U.S. ARI	MED	13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify Yes	or No 14.	RACE — American Indian, Bleck, White, etc.			
BY F	IF YES, GIVE WAR OR DATES			2 NO Specify	n, Puerto Ricen, etc.)		Spagify:			
	LOYEMN	CEDENT'S 119	UAL OCCUPATION	NA .	16b. KIND OF BU	SINESS/INDUST	Q/ACK			
	(Specify only highest grade completed) (Gi		k done during mo		loc. Killo of Bo.	SINESSAINOSSI	"			
7	NIA NIA									
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)			16. MOTHER'S NAI	ME (First, Middle, Maiden	Sumeme)				
BE (	Jeremiah Johnson			Bekn	100 /	4um	M			
5	196. INFORMANT'S NAME (TYPOPPIN)	MAILING AI	DORESS (Street	and Number or Rural F	BAITI	n, Spire, Zip Coo	21229			
	1 ☐ Burlei 2 ☐ Cremetion 3 ☐ Ramoval from State	ANO OATE O	F OISPOSITION	(Name	94TE 20c. LO	CATION — City	or Town, State			
	4 Donation 6 Other (Specify)	15001	-orest	NO ADDRESS OFFA	126 BK	416,	of ma			
			Josep	h Li Ku	35 /-UN	CIAI	Home			
	LOSEPH L. KLESS		223:	2WINO	ThAVE,	BALI	D.Md. 21211			
	23. PART I. Enter the diseases, or complications that caused the de ahock, or heart failure. List only one cause on each line IMMEDIATE CAUSE (Final disease or condition	ath. Do not	enter the mo	ode of dying, auc	h aa cardlac or reep	iratory erreat	Approximate interval Between Onset and Death			
	DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):									
8	CAUSE (Disease or Injury									
TIF	that initiated events  resulting in death) LAST									
CER	d									
	PART II. Other algnificant conditions contributing to death but not r	eaulting in	the underlyin	g ceuse given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO			
MEDICAL					1 _ YES :		COMPLETION OF CAUSE OF DEATH?			
ME							1   YES 2   NO			
ä										
107	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	_	THER:	LACE OF DEATH (Ch						
PHYSICIAN:	1 VES 2 NO 1 Varietient 2 ER/Outpatient 3  27. MANNER OF DEATH 280. DATE OF INJURY	28b. TIME	-	Ne 5 Residence	6 Other (Specify)  26d, DESCRIBE HOW	IN ILIDA OCCID	<b>50</b>			
	1 Netural 6 Pending (Month, Day, Year)	INJUE	AA MA	DRK?	200, DESCRIBE NOW	INJUNY OCCUR				
2 Accident Investigation 28e PLACE OF INJURY All home farm street factors office 281 LOCATION /Street and Number.							Rural Route Number,			
TEC	4 Homicide determined building, etc. (Specify)				City or Town, State	)				
J.E	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, de	ath occurred	et the Ilme, date	end place, end due	to the cause(e) end me	nner ee stated.				
COMPLETED	one) 2 MEDICAL EXAMINER: On the basic of examination end/or	Investigation,	In my opinion,	death occured et the	Ilme, date and place, e	nd due to the ci	use(e) and manner as stated.			
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	04		29c. LICENSE NUI	MBER	29d. DATE SI	GNED (Month, Day, Year)			
10	30. NAME AND ADDRESS OF PERSON, WHO COMPLETED CAUSE OF GEATH, (ITE	M 27) (Sine 8	Triot)			7	160 71			
	of Gla STAPI	MIS	H							
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s that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attendin	ned by the attendir	18th and Married Liverage prior to bush promotion of the

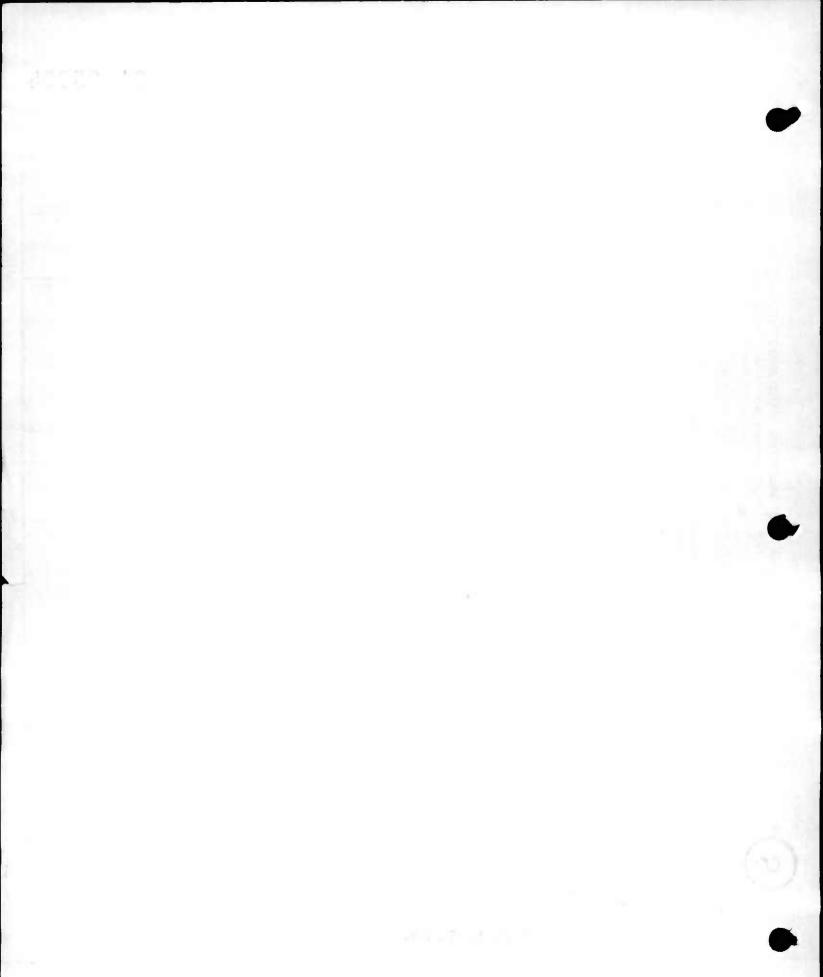
**BALTIMORE, MARYLAND 21215-0020** 

THE DOSPINL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hoss that the standard of the standard of the attending physician and completely filled in by the funeral director, page 5 should be detached the standard of the standard of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Middle, Last) Willie L. Tucker								2. DATE OF DEATH MONTH 20 1991			3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 1 [X] M 2 [] F	6. AGE (In yrs. les			R 1 YEAR		A 24 HRS.	7. DATE OF BIRTH	7. DATE OF BIRTH 8. BIRTH		
	719-14-8856	77	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 8-5- 191		Country	Va	
œ	90. FACILITY NAME (If not institution, give						OR LOCATI	ION OF DE	EATH	9c. COUNT	TY OF D	EATH
CTO	Sinai Hospit	al			Bai	ltimo	ore					
DIRECTOR	100. STATE Md 10b. COUN	ŧΤΥ		10c. cn Ba	altim	orlocatione	TION					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	3800 W. Belv					10	H. ZIP CODI					WHAT COUNTRY?
JNE	11. MARITAL STATUS		T EVER IN U.S. AR	DWED.	1,5	222 DE	2121				SA	
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2	NO		If yes, sp	DENDENT OF CUBE	en, Mexice:	NIC ORIGIN? (Specify Yes en, Puerto Ricen, etc.) y:	or No.— 1	14. RACE Bleck, Specif	American Indian, k, white, etc.  Black
LED	15. DECEDENT'S EC (Specify only highest gra	DUCATION ide completed)	(G	Give kind of	S USUAL O	during mo	ON ost of workin	ina	16b. KIND OF BUS	INESS/INDU	JSTRY	Diack
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +		e. Do NOT u	ise retired.)	Gurring	Si 0 HO.					
BE CO	17. FATHER'S NAME (First, Middle, Lest)						18. MOTH	HER'S NAI	ME (First, Middle, Maiden S	Surneme)		
10	Marion Tucker		198						Route Number, City or Town			27540
	20e, METHOD OF DISPOSITION  1 (X Burlat 2 (1) Cremation 3 (1) Re 4 (1) Donation 5 (1) Other (Specify)	1	20b. PLACE	ANDDATE	OF DISPOS	rial	eme of Par	·k	92691 R	CATION - CI	ity or Tow	
	21. SIGNATURE OF PUNERGIA, SERVICE I	CENSEE	/		22.	Mar 430	Ch F	SS OF FAC	lest h Avenue			
	23. PART I. Enter the diseases, or	r complications the	caused the de	eath. Do	not enter			Ing, auch	h as cardiac or respir	ratory arre	et.	Approximate
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	. List only one cau	ase on each line	0.	TUDE		-				,	Interval Between Onset and Death
	DUE TO (OR AS A CONSEQUENCE OF):											
ON I	Sequentially list conditions, If any, leading to immediate  Due to (or as a consequence of):											
ICAT	CAUSE (Disease or Injury C. CHRONU IUD) AL FALLUKE ON HI.										_ =	
CERTIFICATION	that initiated events  resulting in death) LAST  d.											
	PART II. Other aignificant condition	death but not r	t resulting in the underlying cause givan in P					Part i. 24a. WAS AN A	ALITOPSY	24b.	WERE AUTOPSY FINDINGS	
MEDICAL	7.02								PERFORM	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME										160	1	DF DEATH? 1 YES 2 NO
AN:	or was over personen to menion											
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 YOU	HOSPITAL:				R:						
HYS	27. MANNER OF DEATH	280. DATE OF	INJURY	28b. TIM	ME OF					THE OCCU	-250	
B	1 Natural 5 Pending 2 Accident Investigation 3 Suicide	HOSPITAL: 1   Majestent 2   ER/Outpatient 3   DOA   4   Nursing Home 5   Residence 8   Other (Specify)  ATH 5   Pending   286. DATE OF INJURY (Month, Day, Year)   286. TIME OF INJURY WORK?   286. INJURY AT WORK?										
LETED	4   Homicide determined   City or Town, State)									oute Number,		
COMPLET	(Check only one)  2 MEDICAL EXAMIN	SICIAN: To the best of ex	my knowledge, des	ath occurre	ad at the ti on, in my o	ime, date	and place,	end due to	to the cause(s) and mann time, date end place, end	er es atated	i. ceuse(e)	end menner ee stated.
TO BE	SAN ENGHANDER WITH DIE CHALLES	93100	N	1.8			29c. LICE 2 4	0 2	32)	29d. DATE \$	SIGNED (	(Month, Day, Year)
L	38. NAME AND ADDRESS OF PERSON W	GRITT	-M·	18	Print)	ne	Tto	RPI	ITAL.)	,	-	
	SEP 2 4 1991 Suna Davidson-Randelle											



	1 - FOR STATE REGISTRAR		STATE OF	MARYLAN	ND / DEPAR	RTMEN	IT OF I	IEALTH AND DEATH	MEN	TAL HYGIEN		21	6000
	1. DECEDENT'S NAME (First	Middle, Last)	Henry	W	hitene		<u> </u>	DEATH	M	ATE OF DEATH	AY	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 213-12-4497 12 M 2				yrs. lest birthday)		ER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(A	7. DATE OF BIRTH 8. BIR (Month, Day, Year) Cou			ACE (Stote or Foreign aryland
TOR	90. FACILITY NAME (II not in HAVE AND THE RESIDENCE OF DEC	MoriaL	Hospital			1.1	WILL	de G	DEATH	E, Hd.	9c. COUN	ity of dea	TH /
DIRECTOR	Maryland	10b. COUNTY	rford			v, town	OR LOCAT	TION					Od. INSIDE CITY LIMITS?  YES 2X XNO
COMPLETED BY FUNERAL	100. STREET AND NUMBER		Court		101. ZIP CODE 210:							AT COUNTRY?	
	11. MARITAL STATUS 1 Never Merried 2   3 Widowed 4 Divo	Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES :	IN U.S. ARMED 13. WAS DECENDEN 11. WAS DECENDEN 11. WAS DECENDEN				ENT OF HISPANIC ORIGIN? (Specify Yes or No Cuben, Mexicen, Puerto Ricen, etc.)				
	15. DEC (Specify only Elementary/Secondary (0 12	EDENT'S EDUC highest grade	CATION completed) College (1-4 or 5 s	.)	Give kind of life. Do NOT us	work done se retired.,	during mo	st of working		16b. KIND OF BUSINESS/INDUSTRY			
	17. FATHER'S NAME (First, M.				lone -	Dı	sab.	18. MOTHER'S N		None - Disabled  ME (First, Middle, Meiden Surname)			
TO BE	Charles 19a. INFORMANT'S NAME (7) Mrs Rosal	ype/Print)			Tillie Rohka  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code)								
	Mrs.Rosalie D. Dilson 1262 Allison Ct. Belcamp, MD 21017  201 METHOD OF DISPOSITION 1 Disposition   20th Place And Date of Disposition (Name of former along or other place)   20th Place and Date of Disposition (Name of former along or other place)   20th Place and Date of Disposition (Name of former along or other place)   20th Place and Date of Disposition (Name of former along or other place)   20th Place and Date of Disposition (Name of former along or other place)   20th Place and Date of Disposition (Name of former along or other place)   20th Place and Date of Disposition (Name of former along or other place)   20th Place and Date of Disposition (Name of former along or other place)   20th Place and Date of Disposition (Name of former along or other place)   20th Place and Date of Disposition (Name of former along or other place)   20th Place and Date of Disposition (Name of former along or other place)   20th Place and Date of Disposition (Name of former along or other place)   20th Place and Date of Disposition (Name of former along or other place)   20th Place and Date of Disposition (Name of former along or other place)   20th Place and Date of Disposition (Name of former along or other place)   20th Place and Date of Disposition (Name of former along or other place)   20th Place and Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Date of Dat												
	21. SIGNATURE DIFFUNERAL	the second second second	Dulo	\$	-y ROS	22	Ed wa	p ADDRESS OF F	FACILITY We k	er Fur	neral	L Hon	ne
	23. PART I. Enter the di ahock, or he MMEDIATE CAUSE (Fin disease or condition resulting in death)		Parcon	et ten	- /	not ante	r the mo	da of dying, au	lean	ardisc or reapi	ratory arre	eat,	MD 2123 Approximata Interval Betwee Onset and Daat
PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. Milastros to rid, trans fractor Vertiliz, "Check well consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):												
	PART II. Other algorificant conditions comply through but not resulting in the underlying cause given in Fart I. 24s. WAS AN AUTO								MED?	CO OF	RE AUTOPSY FINDINGS NILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO		
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO   1   Nopelient 2   ER/Outpetlent 3   DOA   4   Nursing Home 5   Residence 8   Other (Specify)												
ву РНУ		Pending restigation	28e. DATE OF (Month, Da	INJURY	28b. TIME	OF	28c. INJt WOR	IRY AT	_	PESCRIBE HOW IN	JURY OCCU	IRED	
	4 Homicide d	Could not be letermined	28s. PLACE OF building, s	INJURY — I	At home, ferm, s	treat, fec	at, factory, office 28t. LOCATION (Street and Num City or Town, State)					r Rural Route	Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDIC	FYING PHYSIC	IAN: To the best of s	ny knowledge	e, death occurre	d at the t	time, data o	and piece, and du	e time, d	cause(s) and men	ner se atated	l. Causo(a) an	d manner se stated.
TO BE C	2 MEDICAL EXAMINER: On the beels of sxamination and/or investigate 296. SIGNATURE AND TITLE OF CERTIFIER							29c. LICENSE NU	IMBER 29d. DATE SIGNED (Month, L				nth, Day, Year)

- war ason-Randells

permit. Pages 1, 2, 3 should

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page 5 should notified

funeral director,

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Hygiene prior to burial, traumatic

other 1

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<u></u>	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
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WISION OF VITAL RECORDS, P.O. BOX 68760,	甚

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH DAY SEPTEMBER 23, 1991 KATHERINE Α. WARD 5:35 P. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year IF UNDER 24 HRS. 213-01-9884 1 - M 2 XXF HOURS JUNE 12,1917 YRS. MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BON SECOURS EXTENDED CARE ELLICOTT CITY HOWARD RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE CATONSVILLE 1 YES 2XXNO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 147 NUNNERY LANE APT. B-6 21228 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE - American Indian, Black, White, atc. FORCES? ORCES? 1 YES 2 NO 1 Never Married 2 Married BY 1 TYES 2 X NO Specify: 3 Widowed 4 Divorced Specify: WHITE COMPLETED 15. DECEOENT'S EOUCATION (Specify only highest grade completed) 16a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) CLERICAL INSURANCE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) THOMAS P. WARD BE CATHERINE W. GATELY 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MARY R. WARD (SISTER IN LAW) 418 N. BEND ROAD, BALTIMORE, MARYLAND 21229 20a. METHOD OF DISPOSITION
1 Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE METRO CREMATORY 4 Donation 5 Other (Specify) (9/24/91 BALTIMORE, MARYLAND 21. SIGNATURE OF FUNERAL MERVICE LICEN 22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES 1630 EDMONDSON AVENUE, CATONSVILLE, MD. 21228 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiratory errest, Approximate shock, or heart fellure. Liet only one ceuse on each line. interval Between **IMMEDIATE CAUSE (Fine)** Onsat and Death disease or condition METASTATIC CARCINOMA OF THE LUNG resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s, WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Rasidence 6 □ Other (Specify) 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCURED Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY - At home, term, street, factory, office 3 Suicide COMPLETED 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 29a. CERTIFIER
(Check only 1 🔀 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year) Unuen UME D 20708 9/24/91 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) COLUMBIA MEDICAL CENTER WILLIAM FLOWERS M.D. 11055 LITTLE PATUXENT PARKWAY SUITE 104, COLUMBIA, MD. 21044 31. DATE FILEO (Month, Day, Year) Juna Dandson Kandelle SEP 24 1991

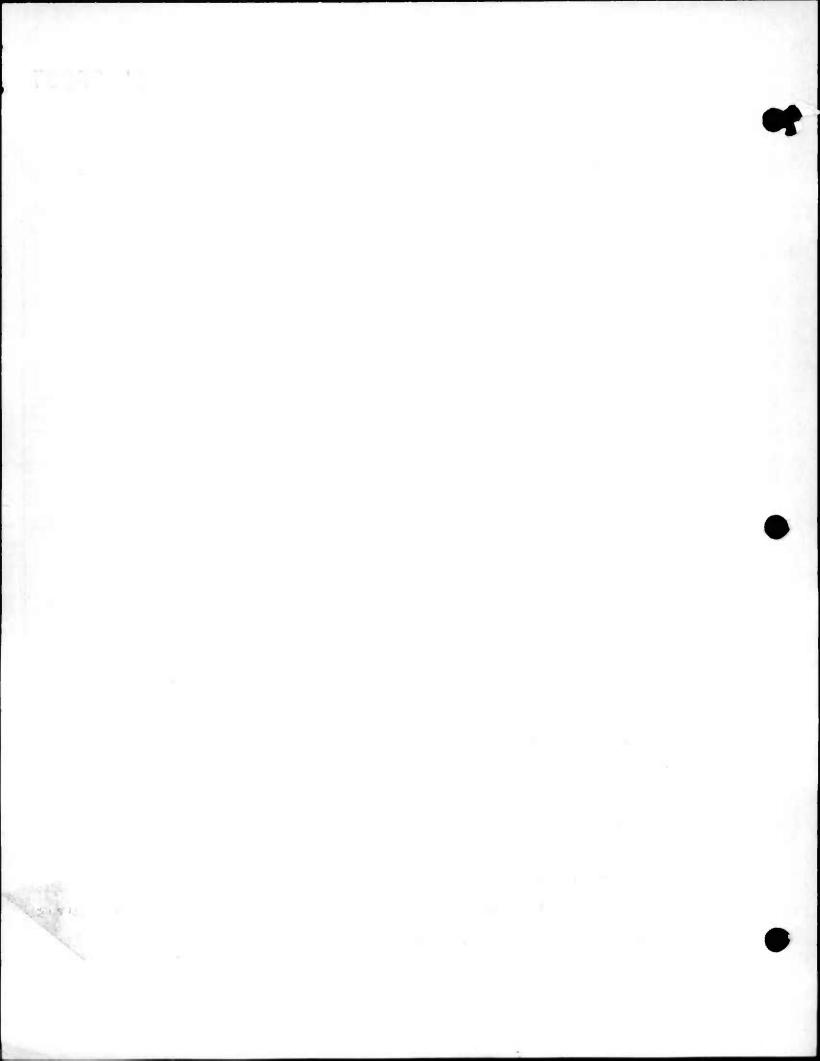
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IS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020	
e death certificate be executed within 24 n	e death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	
he attending physician and completely filled in by the Mental Hygiene prior to burial, cremation, or removal,	he attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should Mental Miglene prior to burial, cremation, or removal.	

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	ed in by the funeral director, page 5 should be detached for use as the burial-transit perm	or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPING DIFFERENCE MIZENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nern	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR		CE	RTIF	ICATE O	F DEATH	D INCIAI	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last) LELA WEST		- DEATH						-54	3. TIME OF DEATH 7:33 P.		
L DIRECTOR	4. SOCIAL SECURITY NUMBER 214-26-8621	5. SEX	8. AGE (In yrs. less	YRS.	IF UNDER 1 YEAR MONTHS DAY			TE OF BIRTH orth, Day, Year) 2-1-1907		8. BIRTN Country	PLACE (State or Foreign y)	
	98. FACILITY NAME (If not institution, give CHURCH HOSPIT) RESIDENCE OF DECEDENT		RATION			N OR LOCATION OF				NTY OF D	EATH	
	10a. STATE 10b. COUNT	TY			y, town or Lo	CATION					10d. INSIDE CITY LIMITS?	
ERAL	100. STREET AND NUMBER 1515 E. Lanvale Str	eet				10f, ZIP COOE 21213			10g. CITI	ZEN OF W	1 💢 YES 2 🗌 NO	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARI YES 2 XN AR OR OATES	U.S. ARMED  13. WAS DECENDENT OF HISPA  14. WAS DECENDENT OF HISPA  15. WAS DECENDENT OF HISPA  16. WAS DECENDENT OF HISPA  17. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDENT OF HISPA  18. WAS DECENDED OF HISPA  18. WAS DECENDED OF HISPA  18. WAS DECENDED OF HISPA  18. WAS DECENDED OF HISPA  18. WAS DECENDED OF HISPA  18. WAS DECENDED OF HISPA  18. WAS DECENDED OF HISP				GIN? (Specify Ye to Rican, atc.)		— American Indian, , White, etc.		
COMPLETED	15. DECEOENT'S EQU (Specify only highest grad Elementary/Secondary (0-12) 5th	College (1-4 or 5 +	(Gh	ve kind of a Do NOT us	USUAL OCCUP! work done during to retired.)  ewife	TION most of working		66. KIND OF BU	JSINESS/IND	USTRY		
BE CON	17. FATHER'S NAME (First, Middle, Last) John W. Johnson			rious	CWII E			t, Middle, Maider	Surname)			
TO B	19a. INFORMANT'S NAME (Type/Print) Marie Griffin		196	52 <u>1</u> 8	The Alar	<u> </u>	el Route Nu	nods imber, City or Tov Md 2121		Code)		
	20s. METHOD OF DISPOSITION 1 N Burlel 2 Cremetton 3 Ren 4 Donation 5 Other (Specify)	novel from State	comotous occa	ND DATE	F DISPOSITION	Name of	0/	ATE 20c. LO	cation —			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Arbutus Memorial Park 92591  22. NAME AND AGORESS OF FACILITY  March F/H West 4300 Wabash Avenue									· · · · · · · · · · · · · · · · · · ·			
CERTIFICATION										Interval Between Onsat and Death		
MEDICAL	PERFORMED?  1 YES 2 00 COMPLETION OF CAI OF DEATH?									WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERREO TO MEDICAL  EXAMINER?  1   YES 2   NO   1   Graph of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Co											
	27. MANNER OF DEATN  1 Natural 5 Pending	28b. TIME	OF 28c. I	JURY AT	_	Other (Specify)  Bd. OESCRIBE NOW INJURY OCCUREO						
red BY	2 Accident Investigation 3 Suicide a Could not be determined determined 28s. PLACE OF INJURY — At home, farm, in building, atc. (Specify)					YES 2 NO	281, LO	II. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETE	29a. CERTIFIER (Check only one)  1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.											
BE	296. SIGNATURE AND THE OF CERTIFIER					29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Y						
T0	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUS	OF OEATN (ITEM		Print) N BR	OADU	70	BALTI	wa	11C	~0 ZIZI3	
	SEP 24 1991		S SIGNATURE	dalle					1		17 21215	
	204 2 1002										DHMH-16 Ray 1/89	



res that the death curtificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

In the formal physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should seath and Mertial Middle prior to burial, cemation, or removal. of signed by the attending physician and completely filled in or Health and Mental Hygiene prior to burial, cremation, or TO THE HOSPITAL OR ATTENDING PHYSIC) IN THE TO THE FUNEPAL DIRECTOR: After this certifine his be filed within 72 hours after death with the State Desire MPORTANT: If Item 28 is marked, or Item 23

BY PHYSICIAN:

COMPLETED

BE

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25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO

5 Pending Investigati

27. MANNER OF DEATH

1 Natural

2 Accident
3 Suicide

4 Homicide

	FOR STATE REGISTRAR	STATE OF I	MARYLA	ND / DEPAR CERTIF					MENTAL	HYGIEN REG. NO.		91	25938
	1. OECEOENT'S NAME (First, Middle, Last)								2. DATE C	F DEATH		YEAR	3. TIME OF DEATH
	Leo John Zipfel								09-2	3-199		YEAR	11:05 A.M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (Ir	yrs. last birthday)	IF UNDER		IF UNDER		7. DATE O			8. BIRTH	PLACE (State or Foreign
	215-07-2819	1 M 2   F	74	YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Year) 7—191'	7	Balt	o., Md.
	9a. FACILITY NAME (If not institution, give a	street and number)		+ 11	9b. CITY,	TOWN C	R LOCATI	ON OF D				NTY OF D	
2	5709 Newholme Av	renue			Balt	timo	re C	itv			N	I/A	
DIRECTOR	RESIDENCE OF DECEDENT											7 - 1	
12	10e. STATE 10b. COUNT	Υ			ry, TOWN O								10d. INSIDE CITY LIMITS?
	Maryland N/A			Bal	timo								1 YES 2 NO
₹	10e. STREET AND NUMBER						. ZIP COD				10g. CIT	IZEN OF V	VHAT COUNTRY?
草	5709 Newholme Av	renue				2	21206				U.S	.A.	7.00
BY FUNERAL	11. MARITAL STATUS 1 Never Merried XX Merried 3 Divorced	12. WAS DECEDED FORCES?  IF YES, GIVE V	YES	2 NO	11	yes, sp		m, Mexica	in, Puerto Ri	(Specify Yea cen, etc.)	2	14. RACE Black Spec Whit	
	15. OECEDENT'S EOU (Specify only highest grade	ICATION COMPINED		16a. DECEDENT'S	USUAL OC	CUPATIO	ON set of world	0/2	16b.	KINO OF BU	SINESS/INC	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 Years	+)	(Give kind of life. Do NOT u		uning mo	at or works	9	Н	orstm	eier	Lumb	er Company
BE CON	17. FATHER'S NAME (First, Middle, Lest)  John Zipfel								ME (First, M	iddle, Meiden LSEY	Surneme)		
TO B	19a. INFORMANT'S NAME (Type/Print) Ruth G. Zipfel			19b. MAILING 5709									nd 21206
	20a, METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Rem	noval from State	20b.	PLACE AND OAT emetary, cremator	E OF DISPO	OSITION	(Name		OATE		CATION —		.,
	4 Donation 5 Chier (Specify)  21. SIGNATURE OF FUNERAL SERVICE LI	0511055	_   50	acrea He					9/20	Bal	Ltimo	re,	Maryland
	Karther	m. Me	ys	ha	Joh	nn C		ller	, Inc		more,	Mar	yland 21206
	23. PART I. Enter the disease, or shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ca	use on ac	the death. Do		the mo	de of dy	ing, suc	ch aa cerd	ac or reap	iretory an	reat,	Approximata interval Between Onaet and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c		CONSEQUENCE C									
MEDICAL C	PART II. Other algnificant condition	na contributing to	o death be	ut not resulting	in the un	derlyin	g cause	given in	Part I.	24s. WAS AP PERFO t YES	RMEO?	248	b. WERE AUTOPSY FINDINGS AMAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH?  t  YES 2 NO

28e. PLACE OF INJURY — At home, farm, etreet, factory, office building, etc. (Specify)

29b. SIGNATURE AND TITLE OF CERTIFIER NUMBER 93 86 (CAN)

28b. TIME OF INJURY

OTHER:

М

26. PLACE OF OEATH (Check only one)

28c. INJURY AT WORK?
1 YES 2 NO

ome 5 Residence 8 C Other (Specify)

28d. OESCRIBE HOW INJURY OCCURED

28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Samuel O'Mansky, 8405-A Loch Raven Boulevard, Baltimore, Maryland 21204

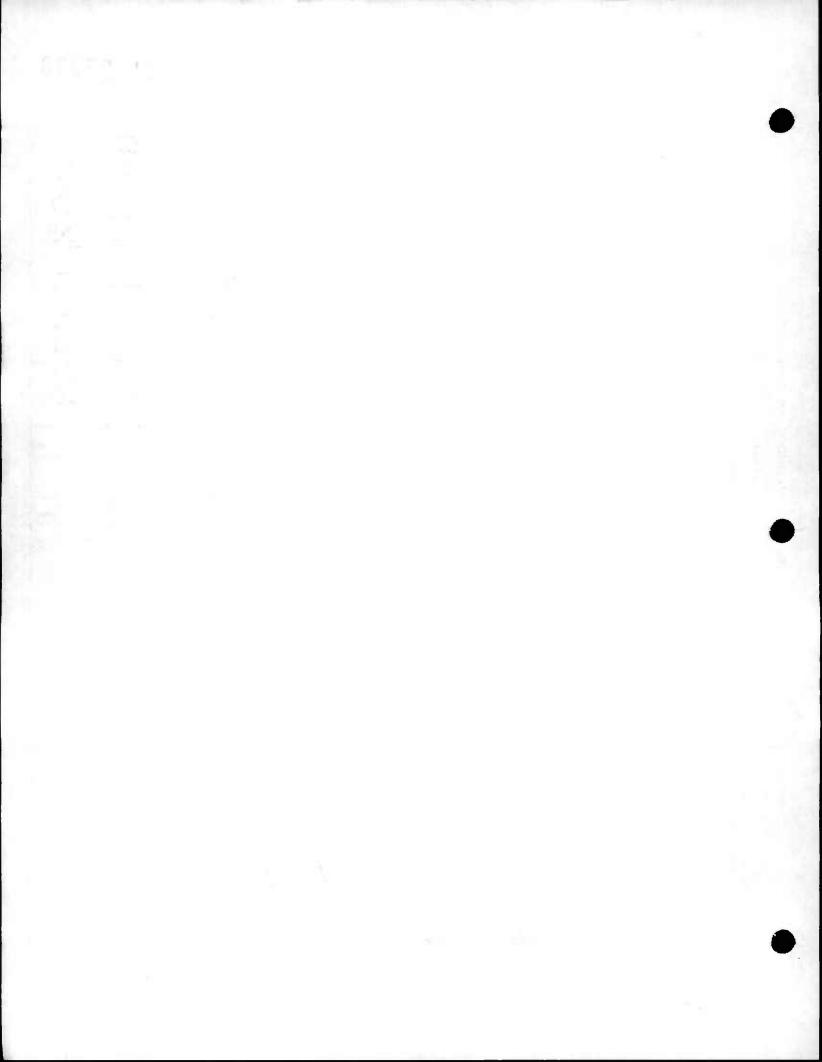
SEP 2 4 1991 2 4 1991

Javidson-Randell

HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA

28e. DATE OF INJURY (Month, Day, Year)





TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
requires that the death certific	een signed by the attending ph	of Health and Mental Hygiene	shows any injury, or othe
3 ATTENDING PHYSICIAN: The law	RECTOR: After this certificate has t	irs after death with the State Dept	m 28 is marked, or item 23
TO THE HOSPITAL OR	TO THE FUNERAL DIF	be filed within 72 hou	IMPORTANT: If ite

									C	11	25939
	FOR STATE REGISTRAR	STATE OF N			TMENT OF I	HEALTH AND I		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Les	CLIFTON	DEMUN	W)	ANTO	EBSON	2. OATE O	OF OEATH S	13/9	P]en	3. TIME OF DEATH M
	4. SOCIAL SECURITY NUMBER 218-30-4363	5. SEX 1 M 2 F	8. AGE (In yrs. less	birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		F BIRTH Day, Year) 6,190	2	Country	PLACE (State of Foreign aryland
HOL	9a. FACILITY NAME (If not institution, given Shady Grove A		ospital			or location of de	EATH			nty of D	eath
FUNERAL DIRECTOR	10e, STATE 10b, COU	NTY		10c. CIT	Y, TOWN OR LOCA	TION					10d. INSIDE CITY LIMITS?
ā	Maryland M 10e, STREET AND NUMBER	ontgomery				ksburg			10a. CITI	ZEN OF V	1 YES 2 NO
ERA	25925 Fred	erick Road				20871				US	
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEOEN FORCES? 1 IF YES, GIVE W	YES ZE N	MED O	If yes, s	CENOENT OF HISPAN Decify Cuban, Maxica S MO Specify	n, Puarto R		or No-	14. RACE Black Speci	E — Amarican Indian, k, White, atc. White
COMPLETED	15. DECEDENT'S E (Specify only highest gn Elementary/Secondary (0-12)		(Gi	ve kind of Do NOT u	USUAL OCCUPATI work done during m se retired.)	ON ost of working	16b.	KIND OF BUS	SINESS/INC	DUSTRY	
MPI	7 17. FATHER'S NAME (First, Middle, Last)			Hı	ackster	16. MOTHER'S NA	ME (51-4 )		kster	ring	
		Anderson						ces Mo	24	resh	
TO BE	19a. INFORMANT'S NAME (Type/Print)		191	. MAILING	ADDRESS (Street	and Number or Rural					
-	Roxye Norwood 20s. METHOD OF DISPOSITION	Anderson				ick Rd.,	Clar		CATION -		
	120 Burial 2 Cramation 3 R	amoval from Stata	other ple	ratts	stown Ce	metery, crematory or	9/15				n. Md.
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			22. NAME A	ND ADDRESS OF FA	CILITY				
	Dlin I.	Moles	with		011n 26401	L. Molest Ridge Re	worth d. D	.P.A.	us. N	/d. 2	20872
	23. PART I. Enter the diseases, o shock, or hasnt fallur										Approximats Interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in dasth)	· Me				ancer					Oneat and Death
CERTIFICATION	Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	(OR AS A CONSEC	GUENCE O	F):						
PHYSICIAN: MEDICAL (	PART II. Other significant conditions of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of	heart fa	death but not r	esuiting	In the underlying	ng ceuse given in	Pert i.	24a, WAS AN PERFOR 1 YES 2		246	AWERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF OEATH?  1 YES 2 NO
MAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					PLACE OF DEATH (C/	heck only on	9)			
YSIC	1 TES 2 NO	HOSPITAL:				me 5 🗆 Realdence	Y				
ВУ РН	27. MANNEB-OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE Of (Month, L	ay, Year)	28b. TIA	JURY W	JURY AT ORK? YES 2 NO	28d. DE\$	CRIBE HOW I	INJURY OC	CURED	
	3 Suicide 6 Could not detarmined	De building	F INJURY — At ho atc. (Specify)	me, ferm,	street, factory, off	ca	28f. LOCA City of	ATION (Street or Town, State)	and Numbe	or Rural	Route Number,
COMPLETED	cool only	IYSICIAN: To the best of s									a) and manner as stated.
TO BE CO	29b. SIGNATURE AND TITLE OF CERTI	tin min				29c. LICENSE NU	MBER 163		29d. DAT	TE SIGNED	Month, Day, Year)

Julia Davidson Jandalla

mo

Gernantinon

CAROLY, J.

31. DATE FILED (MONIN, Dey, Year)

FP 1 6 1991 9

. 503 

	1 - FOR STATE REGISTRAR	STATE OF P	MARYLAND /	DEPAF	RTMENT	r OF H	IEALTH DEA	AND N	MENTAL	HYGIEN		1	25940
	1. DECEDENT'S NAME (First, Middle, Lest) Samantha J	0	Adams						2, DATE (	OF DEATH	477	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER None	5. SEX	6. AGE (In yrs. les	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.		Dey, Year)		BIRTHPLI Country)	ACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give a SHADY GROVE ADVE) RESIDENCE OF DECEDENT		SPITAL			CKVI		ION OF DE			9c. COUNT		ГН
DIRECTOR	10a. STATE 10b. COUNTY	GOMERY			Y, TOWH O								od, INSIDE CITY LIMITS?  V YES 2 NO
FUNERAL	100. STREET AND NUMBER  311 N. Summit Av						2087						T COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12, WAS DECEDEN FORCES? 1 IF YES, GIVE W	IT EVER IN U.S. AR	MED	1 '	It yes, sp	ecify Cuba	OF HISPANI In, Maxican Specify	s, Puerto Ri	(Specify Year can, atc.)		RACE -	American Indian, Thite, etc. White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +	(Gi	CEDENT'S live kind of u	work done o	during mo	ON st of working	10	16b.	KIND OF BUS	SINESS/INDUS	STRY	
BE COM	17. FATHER'S NAME (First, Middle, Last)  Gary Paul E		ams							iddle, Maiden	Surname)		
0	19a. INFORMANT'S NAME (Type/Print)  SHADY GROVE ADV  20a. METHOD OF DISPOSITION	ENTIST H	OSP.	990	1 ME	DICA	AL CE	or Rural Re	DRIV	VE RO	n, State, Zip Co	LE. N	
	20s. METHOD OF DISPOSITION  1 Burlel 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC		20b. PLACE A cometery, cre- SHADY	matory or o	ther place) E AD	VENT	. но	SP .	9/18		CATION — CIT		MD 20850
	<b>•</b>												
	23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cau	t caused the delise on each line.	tur	ity		de of dyl	ng, auch	as cardi	ac or respl	ratory arrea	t,	Approximata Interval Batween Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	A	(OR AS A CONSEC										
CERTIFICATION	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO	(OR AS A CONSEC	DUENCE OF	F):								
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions	contributing to	death but not re	esulting I	n the un	derlying	j cauae g	lven in P		PERFOR	MED?	COI	RE AUTOPSY FINDINGS NILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	FR/Outnationt 3	□ DOA	OTHER	t:			ck only one)				
ву рну	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, Da	INJURY	28b. TIMI		28c. INJE WOI 1   Y	URY AT				JURY OCCUR	RED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE Of building,	F INJURY — At honetc. (Specify)		A	ry, office			28t. LOCAT		nd Number or I	Rural Route	Number,
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	IAN: To the best of ax	my knowledge, des	ath occurre	n, in my op	ne, data	and place, lath occun	and due to	o the cause lme, data a	e(s) and man	ner as stated. I due to the co	euse(s) enc	d manner se stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	ium	>				29c. LICE	NSE NUMB	36 36			GNED (Moi	nth, Day, Year)
- 1	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITEM	27) (Type,	Print)								

9711 MEDICAL CENTER DRIVE

#109, ROCKVILLE,

DOROTHY CHIU,

DR.

BALLIMOHE, I	Jours after death. Page 6 may be	filled in by the funeral director, page ion, or removal.	he medical examiner must be
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Plays 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral denotes, has find within 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be

2 : 1:3

		-3-1						DATE OF DEATH	AY	YEAR	3. TIME OF DE	ATH OO
Margare		1son	Arno		_			9 4	1	91	/	
4. SOCIAL SECURITY NUMBER 216-05-2959	5. SEX 1  M 2  KF	6. AGE (In yrs. les		IF UNDER	DAYS	HOURS MI	s. 7. Ma	Month, Day, Year)	00	8. BIRTNI Country	Md.	Foreign
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN C	R LOCATION C	_	-		NTY OF DE	ATN	
Cumberland Nursi	ing Home			Cun	nber	land_			A1:	1egar	ny	
10a. STATE 10b. COUNT	r Legany		1	onaco					-		10d. INSIDE CI LIMITS? 1 XYES 2 (	
100. STREET AND NUMBER 82 West Mair	n St.				101	21539			10g. CITI		HAT COUNTRY	,
11. MARITAL STATUS 1 Never Married 2 Married 3 X Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 K	RMED NO		yes, sp	ecity Cuban, M	SPANIC ( exican, Po pecify:	ORIOIN? (Specify Yeu uerto Rican, etc.)		14. RACE Black	- American in White, atc.	dlan,
15. DECEDENT'S EDU (Specify only highest grad	JCATION e completed)	(G	CEDENT'S	vork done d	CUPATIO	ON at of working		16b. KIND OF BU	SINESS/INC			-
Elementary/Secondary (0-12) Unknown	College (1-4 or 5+	)	Hou:	sewi1	fe_			Home	9			
17. FATNER'S NAME (First, Middle, Last)								First, Middle, Maiden	,			
Levi  19a. INFORMANT'S NAME (Type/Print)	Reed		h 1440 0/0	ADDRESS	/Du			McKenzi		- 0-7		
Margaret A	rno1d	19						Number, City or Tow				
29a METHOD OF DISPOSITION  WABurlat 2 Cremation 3 Rer 4 Donation		20b. PLACE	OF DISPOS	SITION (Na	me of cer	netery, cremator,	or	20c. LC	onaco	City or To		
21. SIGNATURE OF PUNITIAL SERVICE L	CENSER	1		22.1		ND ADDRESS C		ΓY			,	
23. PART I. Enter the disasses, or shock, or heart fellure IMMEDIATE CAUSE (Final	complications that	t caused the design and lin	eeth. Do r	not enter	111	Churc	h Si	- 1	rnpor	t. M	Approxi	mste Betw
shock, or haart feilure IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	s. DUE TO	t caused the design on each line (OR AS A CONSE	24	l	111	Churc	h Si	. Wester	rnpor	t. M	Approxi	mste Betw
shock, or heart fellure IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions,	s. DUE TO	OR & A CONSE	OUENCE OF	n: n:	111	Churc	h Si	cerdiac or reap	rnpor	t. M	Approxi	mste Betwe
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shock, or heart feilure IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	b. DUE TO c. DUE TO d. DUE TO 28a. DATE OF (Month, D. 28a. PLACE O	OR AS A CONSE	QUENCE OF	OTHER	1111 the mo  derlyin  26. Pi 1: along Non  WK 1	g cause give	n in Par	t I. 24a. WAS APPERFO	N AUTOPSY RMED? 2 NO	24b	Approxi	FINDING TO
shock, or heart feilure IMMEDIATE CAUSE (Finel disease or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events reaulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNISH OF DEATH 1 Neturel 5 Pending Investigation 3 Suicide 5 Could not be 4 Nomicide 1 CERTIFYINO PNY	B. DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  SECIAN: To the best of	(OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE	OUENCE OF	F):  F):  In the un  OTHER 4 Num  E OF FURY M  street, fact	1111 the mo dariyin 26. 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shock, or haart feilure IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 4 Nomicide  29e. CERTIFIER (Check only) 1 CERTIFVINO PNY	B. DUE TO  b. DUE TO  c. DUE TO  d. DUE TO  d. DUE TO  28a. DATE OF (Month, D. Duliding, D. Duliding, D. Duliding, D. Duliding, D. Duliding, D. Duliding, D. Duliding, D. Duliding, D. Duliding, D. Duliding, D. Duliding, D. Duliding, D. Duliding, D. Duliding, D. Duliding, D. Duliding, D. Duliding, D. Duliding, D. Duliding, D. Duliding, D. Duliding, D. Duliding, D. Duliding, D. Duliding, D. Duliding, D. Duliding, D. Duliding, D. Duliding, D. Duliding, D. Duliding, D. Duliding, D. Duliding, D. Duliding, D. Duliding, D. Duliding, D. 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Pi 3: 3: 4: 1  Ory, office	g cause give	n in Paris	t I. 24a. WAS AN PERFO  1 UYES:  Only one)  Other (Specify)  d. DESCRIBE NOW  1. LOCATION (Street City or Town, State the cause(a) and main, data and place, a	N AUTOPSY RMED? 2 No INJURY OC and Number	24b	Approxi Interval Onest s onest s onest s onest s onest s onest s onest s onest s onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest onest one	mate Between De Between De Principal To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Finding To Find

DHMH-15 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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31. DATE FILED (Month, Day, 16ar)
SEP 1 3 1991

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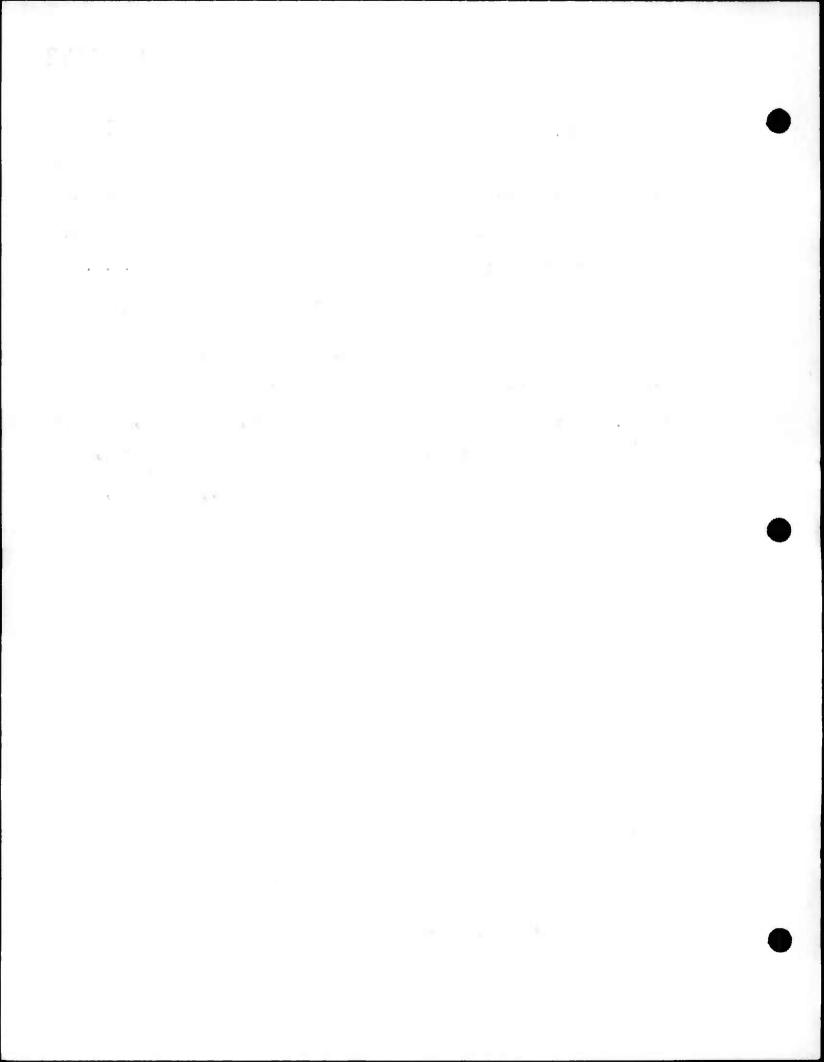
								9	259	12
	FOR 1 - STATE REGISTRAR	STATE OF MARYI		TMENT OF			NTAL HYGIENI REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	9-16					DATE OF DEATH MONTH DA		3. TIME OF DEA	TH
	4. SOCIAL SECURITY NUMBER 5.	Mrnat SEX 8. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24	, upe 7 1	DATE OF BIRTH	2 9	IRTHPLACE (State or F	A M
1	7270	127,000	48 YRS.	MONTHS DAYS			(Month, Day, Mear)		Country)	2.7
1	9a. FACILITY NAME (If not institution, give street			9b. CITY, TOWN	OR LOCATION	OF DEATH		9c. COUNTY	ashingto OF DEATH	<u>n</u>
18	1282 Log Canoe	Court		An	napol	is		Anne	Arunde	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LOCA	TION	1.2			10d. INSIDE CIT	Y
뜸	Maryland Anne	Arundel		Annapo	lis				LIMITS?	ONO
1 A	10e. STREET AND NUMBER			10	H. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?	
FUNERAL	1282 Log Canoe				214				U.S.A.	
BY FU	11. MARITAL STATUS  1	P. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 NO	If yes, s		Mexicen, Pu	ORIGIN? (Specify Yea uarto Rican, atc.)	l	RACE — American Indi Black, White, etc. Specify: 1 te	ien,
	15. DECEDENT'S EDUCATI (Specify only highest grade cont		16e. OECEDENT'S	USUAL OCCUPAT	ION poet of working		16b. KIND OF BUS			
9		College (1-4 or 5+)	ille. Do NOT u	se retired.)						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	4	Но	memake	T	D'S NAME /	First, Middle, Malden			
	Oliver Bruce B	lain			***************************************	JOSE TIMOS	e Walke			
	19a. INFORMANT'S NAME (Type/Print)	TGTI	19b. MAILING	ADDRESS (Street			Number, City or Town		(e)	
2	Keith M. Arndt		1282	Log C	anoe	Cour	t. Anna	polis	MD 2140	) 3
	20s. METHOD OF DISPOSITION 1 Decreption 3 Removal	I from State	b. PLACE OF DISPO other place)					CATION — City	or Town, State	
5	4 Donation 5 Qther (Specify)		etropol		remat			lexan	dria, VA	
	A Wash Col	1.	. )	Tayl	or Fu	nera	1 Chape		1401	
8	23. PART i. Enter the diseases, or com	polications that cause	ed the death. Do				r St. A			nate
	shock, or heert feliure. List			not enter the th	oue or ayın	y, such oc	e cerdiec or respi	latory arrest	intervei E Onset an	Between
	iMMEDIATE CAUSE (Finei diseese or condition	Breast	Canca						1 1 44	-
i de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de l	resulting in death) s		A CONSEQUENCE C	•					1,3,	
Z	Sequentisity ilst conditions, b.	MEtasta	he to	WEr						
AT	if sny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE O	NF):						
밀밀	CAUSE (Disesse or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE O	OF):						
CERTIFICATION	resulting in death) LAST									
51 - 1	PART II. Other eignificent conditions of	contributing to deeth	but not resulting	in the underlyi	ng cause gl	ven in Par	rt i. 24e. WAS AN	AUTOPSY	24b. WERE AUTOPSY	FINDINGS
PHYSICIAN: MEDICAL							PERFOR		AVAILABLE PRIOR COMPLETION OF	
MED								9	OF DEATH?	NO
N. I										
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		28. OTHER:	PLACE OF OE	ATH (Check	only one)			
IXSI	1 TYES 2 NO 1	26s. DATE OF INJURY		4 - Nursing Ho				N II II W 000110	en.	
	1 Natural 5 Pending	(Month, Day, Year)		JURY Y	IJURY AT ORK? YES 2 [		d. DESCRIBE HOW I	NJOHY OCCOR	EU	
	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUI	RY — At home, ferm,				of LOCATION (Street		Rural Route Number,	
TEC	4 Homicide determined	sunding, atc. (Sp	~~"7)				City or Town, State)		_	
COMPLETED	TOTAL STATE	N: To the best of my kno	wiedge, death occur	red at the time, da	te and place,	and due to t	the cause(s) and ma	nner sa stated.	<u> </u>	
COM	one) 2 MEDICAL EXAMINER:	On the basis of examinat	ion and/or investigat	lon, in my opinion,	death occure	d at the time	e, date and place, er	nd due to the c	suse(s) and manner sa	atated.
BEC	296. SIGNATURE AND STILE OF CERTIFIER	//				NSE NUMBE	R	29d. DATE S	GNED (Month, Day, Year	)
2 ≥	30. NAME AND ADDRESS OF PERSON WHO O	OMDI ETED CALISE OF	DEATH (ITEM 27) (I-	a Print)	1016.	354	-	7	112/91	_

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typa, Print)

OLE III MD 51 FRANKLIN

57

ANNAPOLIS MD 21401



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death, Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
TENDIA	DR: At	S is	
OR AT	OURS a	еш 2	
TAL (	RAL D	=	
HOSP	FUNE	TANT	
TO THE	De filed	IMPO	

	1 - FOR STATE REGISTRAR	STATE OF MARY	AND / DEPAR CERTIF	TMENT OF H	EALTH AND	MENTAL HYGIEN	_	11 25943
	1. DECEDENT'S NAME (First, MACHALLAS	rt Nash E	Beachley	Albe	77	2. DATE OF DEATH MONTH D. Sept. 11,		3. TIME OF DEATH 9:20 A. M
	4. SOCIAL SECURITY NUMBER 216-22-9430	1 1 M 2 □ F 69	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV. 10, 1	.921	BIRTHPLACE (State or Foreign Country)
TOR	9a. FACILITY NAME (If not institution, give Frederick Mer	morial Hospit	al	96. CITY, TOWN O	rick	EATH		rederick
DIRECTOR	10a, STATE 10b. COUN	derick		y, town or locat fferson	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 5413 Broad Ri	un Rd.		101,	21755	5	U.S.	N OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 XYES IF YES, GIVE WAR OR E	2 NO	If yes, spe	ENDENT OF HISPAR lefty Cuban, Maxica 2 NO Specifi	NIC ORIGIN? (Specify Yearn, Puerlo Ricen, etc.)	or No — 14	RACE — American Indian, Black, White, stc. Specify: White
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of v	USUAL OCCUPATION Work done during most retired.)	st of working	federa		ernment
BE CON	17. FATHER'S NAME (First, Middle, Last) Charles Dewey	y Beachley			18. MOTHER'S NA Minn	ME (First, Middle, Maideon ie F. Nash	Surmarne)	
10	Phyllis I. B	Eachley				Jefferson,		21755
	20s. METHOD OF DISPOSITION 1 Doubles 2 Cremation 3 Rec 4 Donation Donation Other (Specify)	moval from Stata cer	Luthera	n Cemete	ry	9/13 M	liddlei	or Town, Stata COWN, Md.
	Trulas O	hows		Donal	d B. The	MPSON FU	NERAL	HOME J MD. 21769
	23. PART Emer the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Card	d the death. Do neach line.	ot enter the mod	de of dying, auc	h aa cardlac or respl	ratory arreal	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	6	A CONSEQUENCE OF		~ 2	ness		
	resulting in death) LAST	4.						
MEDICAL	PART II. Other algnificant condition	ns contributing to death t	out not resulting i	n the underlying	cause given in	Part I. 24a. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:	patient 3 DOA	OTHER:	ACE OF DEATH (Che	sck only one)  6  Other (Specify)		
ву РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	26b. TIME	URY 28c. INJU	RY AT	28d. DESCRIBE HOW IN	JURY OCCUR	ED
	3 Suicids 8 Could not be 4 Homicide detarmined	28s. PLACE OF INJURY building, atc. (Spe-	' — At home, farm, a	traet, factory, office		261. LOCATION (Street a City or Town, State)	nd Number or i	Rural Route Number,
COMPLETED	29s. CERTIFIER (Check only one)  1 CERTIFYING PHYS 2 MEDICAL EXAMIN	SICIAN: To the best of my know IER: On the basis of exeminatio	riedge, death occurre	d at the time, data a	and place, and dua ath occured at the	to the cause(s) and man	ner as steted. I due to the c	suse(s) and manner as stated,
BE	296. SIGNATURE AND TITLE OF CENTIFIE				29c, LICENSE NUM	IBER		GNED (Month, Day, Year)
5	KMSocy	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)	E 54.	R-Ser	le pi	D 2170/
	SEPT 8 1991	32, REGISTRAR'S, SIC	AND THE		-			

	24	file	tion,	the
0,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 P	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fille	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation,	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	nat th	3	and	my in
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

AECORDS, F.O. BOX 88780,	SALIMONE, MANIENING SIZIS-0020	
in requires that the death certificate be executed within 24 hours after	w requires that the death cartificate be executed within 24 hours after death. Page 6 may be refained by the hospital or attending physician.	
is been signed by the attending physician and completely filted in by the fig. of Health and Mental Hygiene prior to burial, cremation, or removal.	been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1.2.1 must burial bygiene prior to burial, cremation, or removal.	
3 shows any injury, or other traumatic event, the medical examiner must be notified at once.	examiner must be notified at once.	
N: MEDICAL CERTIFICATION	TO BE COMPLETED BY FUNERAL DIRECTOR	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	<b>HYGIENE</b>
CERTIFICATE OF DEATH	REG. NO.

FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF HE		AL HYGIENE REG. NO.	21	20244
1. DECEDENT'S NAME (First, Middle, Las THOMAS BROWN		AS F. BR	ROWN	2. DA MO SEH	TE OF DEATH	991	3. TIME OF DEATH  5:45 A
579-44-9606	1 <b>3</b> M 2 🗆 F			F UNDER 24 HRS. 7. DATE (MC)	re of Birth North, Day, Year)	Country	h. D.C.
MONTGOMERY GI	1/2/12/20/20/20	The second second		LOCATION OF DEATH		NTGOM	
On. STATE 10b. COUR	ontgomery	10c. CITY,	Damaso	us			10d. INSIDE CITY LIMITS? 1 YES 2 NO
26120 Mt. Ver	non Ave.		10t. Z	20872	10g.		HAT COUNTRY?
1. MARITAL STATUS  Never Married 2 Married  Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TO YES IF YES, GIVE WAR OR DA	2 NO	If yes, speci	DENT OF HISPANIC ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGINAL CONTROL ORIGIN		- 14. RACE	- American Indian, White, etc.
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Elementary/Secondary (0-12)	College (1-4 or 5+)		ve Engir		U. S. Gov	ernmen	t (N.O.L.)
7. FATNER'S NAME (First, Middle, Last)	-	- Lipacoa		8. MOTHER'S NAME (Fin			(1.000-07)
6	Br	own		Virgin	ia Metz		
Fredia M. Bi	107.50			Number or Rural Route N			0000
Fredia Fi. DI		PLACE AND DATE O		non Ave.,	ATE 20c LOCATION		
Burial 2 ☐ Cremation 3 ☐ Re     Donalion 5 ☐ Other (Specify)	emoval from State	emetary crematory of Neelsvill	other place)	terian 9/	18 Germa	ntown.	Md.
1. SIGNATURE OF FUNERAL SERVICE			Olin ]	ADDRESS OF FACILITY Moleswork Ridge Rd.	rth, P.A.		
23. PART i. Enter the diseases, of ahock, or heert feilur MMEDIATE CAUSE (Finel disease or condition resulting in death)	e. List only one cause on ea	CONSEQUENCE OF):			ander of respiratory	, arroat,	Approximeta interval Between Onset and Deat Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Service Se
Sequentially list conditions, any, leeding to immediate cause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events esuiting in death) LAST	с	CONSEQUENCE OF):		177 - 17-17			
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5. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 KNO	HOSPITAL:		OTHER:	CE OF DEATN (Check only			
7. MANNER OF DEATN  10 Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME INJUI	OF 28c. INJUI	Y AT 28d.	DESCRIBE NOW INJURY	OCCURED	
3 Suicide 6 Could not 8		— At home, farm, str	eet, factory, office	281. L	OCATION (Street and Nu City or Town, State)	mber or Rural R	oute Number,
one)	YSICIAN: To the best of my knowl						and manner as stated.
9b. SIGNATURE AND TITLE OF CERTIF	(Jodish)	m.d.		MD 3/	6/2 29d.	DATE SIGNED	(Month, Day, Year)
	dish, M.D. 29	Ol Olney-		oring Rd.,	Olney, Md	2083	1
31. DATE FILED (Month, Day, Year)	32. REGISTRABLE SIGN	HE					

SEP 1 6 1991

<b>BALTIMORE, MARYLAND 21215-0020</b>	: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permater, or temporal.	the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon
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	4. SOCIAL SECURITY NU 217-18-879		5. SEX 1 M 2 - F	6. AGE (In yrs. I		IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mc	OF BIRTH onth, Day, Year) y 4 19			ACE (State or
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	Maryland 100. STREET AND NUMBER		ederick		F	rede	erick	ZIP CODE			10g. CITIZE		YES 2
FUNERAL		213 Lis	ne Kiln Ro					21701			U	.S.A.	•
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MPL	7				ounty	Insp	pecto	or		Governme		u er e y	
	17. FATHER'S NAME (First,	, Middle, Last)	Harvey	Bau	gher			18. MOTHER'S N		, Middle, Maiden S Stevens			
TO BE	19a. INFORMANT'S NAME			1	9b. MAILING A	DDRESS	Street an	d Number or Aura	l Route Nu	mber, City or Town	, State, Zip C	Code)	
	Mrs. Violet		lugher						Free	derick,			
	1 Suriet 2 Crema 4 Donetion 5 Oth	tion 3 - Rer	moval from State	cemetery c	E AND DATE OF rematory or other	Propies	ITION (Nam	ne of	DA	TE 20c. LOC	ATION - CI	ty or Town	, Stata
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TO THE FUNERAL OHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Player to filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 months after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to base and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the stat	De filed within 72 hours are read in with the Salar Dept. Or regain and wenter their prior to consecut, or removes.  IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
	2. DATE OF DEATH

1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPA CERTI		F HEALTH AND OF DEATH	MENTAL HYGIE REG. N	NE O.	91 2594
		abe1		BURKE	2. DATE OF DEATH MONTH Septembel	10, 1 ^v	3. TIME OF DEATH 991 12:12 a
4. SOCIAL SECURITY NUMBER 546-76-3624	1 🗆 M 2 💢 F	AGE (In yrs. lest birthday 80 YRS.	MONTHS DA	YS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) May 11, 1	.911 °	SHITHPLACE (State or Foreign country) Wyoming
9a. FACILITY NAME (If not Institution, gi Meridian Nursi RESIDENCE OF DECEDENT	ng Center			wn on Location of D ederick	EATH	se. COUNTY	of DEATH lerick
10a. STATE 10b. COU		10c. C	Frede				10d. INSIDE CITY LIMITS? 1  YES 2 NO
10a. STREET AND NUMBER				10f. ZIP CODE			OF WHAT COUNTRY?
10078 Quail Kno  11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT	YES 2 XNO	If ye	21702 DECENDENT OF HISPA a, specify Cuban, Mexic YES 2 XNO Specify	an, Puerto Rican, etc.)		A.  RACE — American Indian, Black, White, atc.  Specify: White
15. OECEDENT'S a (Specify only highest gi	ade completed)	16a. DECEDENT (Give kind o	S USUAL OCCU of work done during	PATION g most of working	16b. KIND OF B	USINESS/INDUST	RY
Elementary/Secondary (0-12)	College (1-4 or 5+)		ol Teacl	ner	Educa		
17. FATHER'S NAME (First, Middle, Last)  John James	COWIN			18. MOTHER'S N.	AME (First, Middle, Maidle) May	on Surname) WILSON	
19a. INFORMANT'S NAME (Type/Print)				reet and Number or Rural	Route Number, City or T	own, State, Zip Cod	(o)
Mrs. Penny B. F		7		L Knob Land of cometery, cremetory or		LOCATION - City	vland 21701 or Town, State
4 Donation 6 Other (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE			22. NA	matory ME AND ADDRESS OF FA Dey & Basf	ACILITY		g, Maryland
23. PART I. Enter the piscesses, shock, or heert failu IMMEDIATE CAUSE (Final disease or condition resulting in death)	re. List only one ceuse	MOO706 coused the deeth. Do on each line.	not enter the				Approximata Interval Betwee Onset and De
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	PR AS A CONSEQUENCE		tia			Yea)
PART II. Other algolificent condi	tions contributing to d	esth but not resultin	g in the unde	rlying ceuse given i	PERF	AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:		отнея:	26. PLACE OF DEATH (C	heck only one)		
1 VES 2 NO  27. MANNER OF DEATH  Natural 5 Pending			Nursing	Home 5 Residence c. INJURY AT WORK?	6 Other (Specify) 28d. DESCRIBE HON	V INJURY OCCUR	ED
2 Accident Investigati 3 Suicide 6 Could not 4 Homicide determine	be 28e. PLACE OF building, at	INJURY — At home, fare c. (Specify)		YES 2 NO	281. LOCATION (Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street, Street,		Burel Route Number,
contain only	HYSICIAN: To the best of maintenance of examiners on the basis of examiners.						euse(s) and manner as stated.
296. SIGNATURE AND TITLE OF CERT	un Yc	OPENTH (ITEM 27)	T I C	D164			gned (Month, Day, Year) tember 10,19
Casper E. Clin 31. DATE FILED (Month, Day, Year) SFP 10 1991		300 Was		Street,	Frederick	Maryla	nd 21701

death. Page 6 may be retained by the hosp	funeral director, page 5 should be detached		examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
YSICIAN: The law requires that the death	s certificate has been signed by the atten	th the State Dept, of Health and Mental F	id, or item 23 shows any injury, or
TO THE HOSPITAL OR ATTENDING PHY	TO THE FUNERAL DIRECTOR: After this	be filed within 72 hours after death with	IMPORTANT: If item 28 is marke

STATE OF		<b>DEPARTMENT</b>			MENTAL	HYGIENE
	CE	ERTIFICATE	OF DEAT	'H		REG. NO.
						- 0-4-11

1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF OEATH DA		YEAR	3. TIME OF DEATH
MARY ELIZABETH				BUR					9 19	991	2:25P
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	t birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-13-1953		Count	HPLACE (State or Foreign)
217-74-0704  9s. FACILITY NAME (If not institution, give	7.11	37	THO.								hington D
	A Commission	A T		-	7117	R LOCATION	ON OF DE	AIH	111 -11	UNTY OF E	DEATH
HYSICIANS MEMORIA	AL HUSPIII	4T		LA	PLA	AL	_		CHAF	(LES	
10a. STATE 10b. COUNT			3.5.5.	Y, TOWN							10d. INSIDE CITY LIMITS?
Maryland   St. M	Mary's		Ch	arlo	tte	Hall					1 TES 2 NO
10s. STREET AND NUMBER					101	. ZIP COD			10g. CI	TIZEN OF	WHAT COUNTRY?
Rt. 1, Box 79						2062	22			USA	
11. MARITAL STATUS  1 Never Married XX/Married  3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2XX			If yes, sp			IIC ORIGIN? (Specify Yea n, Puarto Rican, etc.) :	or No—	14. RAC Blac Spec Whi	
15. DECEDENT'S ED (Specify only highest grad				USUAL O			10	16b. KIND OF BUS	SINESS/IN	IDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 8	ille.	. Do NOT u	se retired.)							
12	2	D	ay C	are	leac	_					ld Care
17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle, Malden			
Richard Gilbert	Robey							or Henerie	_		hurst
19a. INFORMANT'S NAME (Type/Print)								Route Number, City or Town			
Raymond J. Burch			t. 1				arlo	tte Hall,			
20a. METHOD OF DISPOSITION   ▼ □ • • • • • • • • • • • • • • • • • •	moval from State	206. PLACE of cemetary Cedar									own, Stata
4 ☑ Donation 5 ☐ Other (Specify)	idedose (	Luedar	HII			TY ND ADDRE		9+13-9 Su	ıtıa	na,	MU
21. SIGNATURE OF THERA SERVICE	very-							1 Home			
Michael Blar	kenship	M00857						6. Waldorf	. Md	. 20	604-0156
Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in desth) LAST	b. Une TO DUE TO DUE TO	OR AS A CONSE	OUENCE C	F):	6:	t	do ce	leng refus.			3 mi
PART II. Other significant condition	d	death but not	resuiting	in the u	nderiyin	g cause	glven in	Part I. 24a. WAS AN PERFO!	RMED?	Y 24	Ib. WERE AUTOPSY FIN AMALABLE PRIOR TI COMPLETION OF CA OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		-	OTHE		LACE OF E	EATH (Ch	eck only one)			
1 YES 2 NO	1	ER/Outpetient 3	*	4 🗆 Nu	rsing Hor		ealdenca	8 Other (Specify)			
21. MANNER OF DEATH	for extending			ME OF JURY M	1 🗆	IURY AT ORK? YES 2 [	] NO	28d. DEŞCRIBE HOW I			
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or City or Town, State)								er or Rura	Route Number,	
2 Accident Investigation 3 Suicide 8 Could not b	building	west (opposity)									
2 Accident 3 Suicide 8 Could not b determined 29a. CERTIFIER Check only 1 CERTIFYING PHY	SICIAN: To the best of	f my knowledge, de						to the cause(a) and me time, data and place, ar			r(a) and manner sa sta
2 Accident 3 Suicide 8 Could not b determined 29a. CERTIFIER (Check only 1 CERTIFYING PHY	SICIAN: To the best of a	I my knowledge, do	Investigat	lon, In my	opinion,	29c. LIC	ense nu	time, data and placa, and MBER	nd due to	the cause	e(a) and manner as et (a) (Month, Day, Year) Opf 9/1

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No. 14

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPITAL OR ATTENDING PHYSICIAN- Th
VISION	ATTENDING
5	B
_	HOSPITAL

1. DECEDENT'S NAME (First, Middle, Last) A: 4. SOCIAL SECURITY NUMBER 218-20-4655 9a. FACILITY NAME (If not institution, give:	nna May Be.  5. SEX 6. AGE 1 1 M 2 DXF 67	(In yrs. last birthday) IF UN	DER 1 YEAR IF UNDER 24 H	Mg)	e of DEATH TH 5DAY	1'9'9 1 1:58
218-20-4655		MONTA	DER 1 YEAR IF UNDER 24 H	7 7 7 7		
9s. FACILITY NAME (If not institution, give :		YRS.	IS DAYS HOURS M	NO	E OF BIRTH  ITH, Day, Year)  V. 20, 1923	a. BIRTNPLACE (State or For
Memori			Eastor		9c. CO	Talbot
10s. STATE 10b. COUNT	Υ	10c. CITY, TOW	N OR LOCATION			10d. INSIDE CITY
100. STREET AND NUMBER	line	Gree			10a Ci	1 YES 2 X
Rt.1 Box 282			2163			USA
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 200	If yea, specify Cuban, M.	axican, Puarto	N? (Specify Yea or No— Rican, etc.)	14. RACE — American India Black, Whita, atc. Specify: White
(Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of work do.	ne during most of working	16	b. KIND OF BUSINESS/IN	
		processor			Swift & C	0.
Thomas Dude Gri	ffith	**			,	fith
Howard Bell		Rt. 1 Bo	ESS (Street and Number or R × 301 Green	urel Route Num	nber, City or Town, State, Zi	ip Code)
20a. METNOD OF DISPOSITION  1 X Burlai 2 Cremation 3 Ram  4 Departed 5 Other (Specific)	ovat irom Stata 20b	PLACE AND DATE OF DISP	OSITION (Name of	DAT	F 20c LOCATION -	Clly or Town State
	CENSEE				-91 Greens	sboro, MD
Mepher	Muy	le	Elegale-Helf	enhair	E II D	oro, MD 2163
disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A		Hem	a Corr	erebral hage	Onset and
PART II. Other eignificant condition	s contributing to death b	ut not reaulting in the	underlying cause giver	in Part I.	24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FIN AVAILABLE PRIOR T COMPLETION OF CA OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTH		(Check only or	ne)	
1 YES 2 NO  27. MANNER OF DEATN	28s. DATE OF INJURY	atlant 3 DOA 4 N	ursing Homa 5 Residen			CUREO
1 Natural 5 Pending 2 Accident Investigation		М	1 YES 2 NO			
Suicide     B     Could not be detarmined	building, etc. (Speci	— At nome, farm, street, it	ectory, office	28f. LOC City	ATION (Street and Number or Town, State)	r or Rural Route Number,
(Check only 1 CERTIFYING PNYS)	CIAN: To the best of my knowledge.  R: On the basis of examination	edge, death occurred at the	o lime, data and pieca, and	dua to the cau	use(s) and manner as sta	ted. he cause(a) and menner as sta
				tile tille, deta	and place, and due to th	ne cause(a) and menner as sta
	10e. STREET AND NUMBER Rt. 1 Box 282  11. MARITAL STATUS  1 Never Married 2 Married 3 Widowed 4 Divorced  15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 8th.  17. FATHER'S NAME (First, Middle, Last) Thomas Dude Gri  19a. INFORMANT'S NAME (Type/Frint) HOWA'RD Bell  20a. METNOD OF DISPOSITION 1 X Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC  23. PART I. Enter the diseases, Dr of Shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Oisease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	10e. STREET AND NUMBER Rt. 1 Box 282  11. MARITAL STATUS    Never Married 2   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married   Married	10e. 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1. DECEDENT'S NAME (First, Middle			DAIL OF	DEATH	REG. NO.		3. TIME OF DEATH
Annabel 4. SOCIAL SECURITY NUMBER					05"		2:00 p _M
220-09-1022	1 🗆 M 2 💢 🗸 72	YRS.	IF UNDER I YEAR IONTHS DAYE	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV. 21	, 1918	Maryland
9a. FACILITY NAME (If not institution	al Hospital		Easto	OR LOCATION OF DE	ATH	9c. COUNTY OF C	
RESIDENCE OF DECEDER	OUNTY					Taibe	) L
	Caroline	_	ensbor				10d. INSIDE CITY LIMITS? YES 2 \( \text{NO} \) NO
Rt. 1 Box 501			101	21639		USA	WHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2X NO	I If yea, sp	ENDENT OF HISPANI ecity Cuban, Mexican 2 NO Specity:	C ORIGIN? (Specify Yes o	14. RACI Blac Spec	E — American Indian, k, White, elc.
15. DECEDENT (Specify only highes	S EDUCATION I grade completed)	16a. DECEDENT'S US (Give kind of wor	SUAL OCCUPATION done during moretired.)	ON st of working	16b. KIND OF BUSI	NESS/INDUSTRY	white
Elementary/Secondary (0-12)	College (1-4 or 5 +)	Manufac			l ead's	Luggage	
17. FATHER'S NAME (First, Middle, La				18. MOTHER'S NAM	IE (First, Middle, Maiden St		
Thomas Lincol			10		le Smith		
19a. INFORMANT'S NAME (Type/Print Roland Kent					oute Number, City or Town, n, MD 2162		
20e. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3	Removal Irom State Con	PLACE AND DATE OF	DISPOSITION (Na	me of	DATE 20c. LOCA	TION — City or To	
4 Donation 5 Other (Specify, 21. SIGNATURE OF FUNERAL SERV)	CE LICENSEE	Greensbo		etery D ADDRESS OF FAC	9-09-91 Gr	eensbor	o, Maryland
1 1	# 1				bein Fn Hm	Sporo, N	Maryland 216
disease or condition resulting in death)  Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	С,	CONSEQUENCE OF):	la	Carol	NOMA		
PART II. Other algnificent con-		out not resulting in	the underlying	ceuee given in P	24e. WAS AN AL PERFORMI	ED?	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (Chec			
27. MANNER OF DEATH  1 Neturel 5 Pending 2 Accident Investiga		28b. TIME O	OF 28c. INJU Y WOF M 1 \[ Y\]		Other (Specify)  28d. DESCRIBE HOW INJ	URY OCCURED	
3 Suicide 8 Could no 4 Homicide determin		— At home, farm, stre	et, factory, office	1	28I. LOCATION (Street and City or Town, State)	Number or Rural R	oute Number,
29a. CERTIFIER (Check only one) 2 MEDICAL EXA	PHYSICIAN: To the best of my knowl MINER: On the basis of examination	ledge, death occurred an end/or investigation, i	it the time, date on the in my opinion, de	and place, end due id ath occured at the life	the cause(a) end manne me, date end place, and c	r as stated. lue to the cause(s)	and manner as stated.
29b. SIGNATURE AND TITLE OF CER	Sixos	MD		P3/3	76 2	ed. DATE SIGNED	(Month, Day, Year)
31. DATE FILED (Month pay 1691)	SI LOS	PO B	0X 49	ac Do	eutor	MI	21629
	y una Da	vidson-Rando	00				

DIRECTOR; After hours after death OR ATTENDING

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DIRECTOR

**FUNERAL** 

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CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

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TO THE FUNERAL D
be filed within 72 h
IMPORTANT: If ID HOSPITAL

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223

91 25951 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, La 2. DATE OF DEATH MONTH 3. TIME OF DEATH DAY BROWN 28 AUG. OBERT ame 700 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday, IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTN (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 20-07-706 HOURS 1 M 2 - F DAYS MIN. Thumberland Co 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN SALISBURY PENINSULA GENERAL HOSPITAL WICOMICO RESIDENCE OF DECEDENT 10b. COUNTY 10d. INSIDE CITY Md. SOM, Somerse 1 YES 21 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101. ZIP CODE 8 8 6 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2/ NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE - American Indian, White, atc. If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TES 2 NO Specify: 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most life, Do NOT use retired.)

Refred from A 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Winte Etementary/Secondary (0-12) College (1-4 or 5+) 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Sumame) Brown John Grace TEMMOY MAILING ADDRESS (Street 19a. INFORMANT'S NAME (Type/Print) Rural Route Number, State, Zip Code) ad VS Han 18 METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION /Name 20c LOCATION - City or Town, State Buriel 2 Cremation 3 Removal from State arion em 4 ☐ Donation 5 ☐ Other (Specify) ld 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. Yara Vorma do Teneral ar 1011 arlos 23. PART I. Enter the diseases, or paper in the caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximate ehock, or heert fellure. let only one cause on each line. Interval Between **Onset and Death IMMEDIATE CAUSE (Finel** diseese or condition vono resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF Sequantielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseesa or Injury DUE TO (OR AS A CONSEQUENCE OF): that initietad events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? Te 1 TYES 2 TO NO 1 YES 2 NO 26. PLACE OF DEATN (Check only one) HOSPITAL:
1 Propellent 2 PR/Outpatient 3 DOA OTHER: 4 - Nursing Nome 5 - Residence 6 - Other (Specify)

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 26d. DEȘCRIBE NOW INJURY OCCURED 28b. TIME OF INJURY 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be 4 Nomicide

29a, CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNAPURE AND TITLE OF CERTIFIER

29c, LICENSE NUMBER

melicia	1237670	18/28/91
NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)	105, Pine B4	If Road

31. DATE FILED (Manth, Day, Mar) 31 32. REGISTRAR'S SIGNATURE 29d, DATE SIGNED (Month (Day, Year)

the first of the second

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

9s. FACILITY NAME (If not institution, give street and number)

Cumberland Nursing Center

4. SOCIAL SECURITY NUMBER

213-18-2212

RESIDENCE OF DECEDENT

EDNA FRANCES FARRELL BEVERLIN

5, SEX

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	HE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24	
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	Œ	
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sit permit		100. STREET AND NUMBER 463 COLUM	BIA ST	REET				101. ZIP CODE 21502			10g. CITIZE	N OF WHA	AT COUNTRY?
attending physician. se as the bunal-transit permit. Pages	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 1 3 Widowed 4 Divo		12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 X N	MED IO	If yes.	DECENDENT OF HISPAN, specify Cuben, Mexice	IIC ORIGIN? n, Puerto Ric			4. RACE — Black, V	American Inc White, atc.
	딢	15, DEC (Specify onl	EDENT'S EDUC	CATION completed)	16a. DE	CEDENT'S USUA	AL OCCUP	ATION most of working	. 18b. I	KIND OF BUS	SINESS/INDU	STRY	
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by the hospital the detached for at once.	ш	17. FATHER'S NAME (FIRST, M RICHARD PR						JANE BF			Sumeme)		
s show	TO B	190. INFORMANT'S NAME (I BEN FARREL						et and Number or Rural I					061
e 6 recting		28a. METHOD OF DISPOSIT 1 X Buriel 2 Cremetic 4 Donation 6 Other	n 3 🗆 Rem	oval from State	ST. P	OF DISPOSITION	N (Name of S CEI	T. SEPT 5	1991		CATION — CI SAVAG		, State RYLANI
er death. Page 6 he funeral direct ral.		21. SIGNATURE OF FUNERA	L SERVICE LIC	P. Merri	th		SIL	E AND ADDRESS OF FA OX-MERRIT DECATUR S	T FUN			D MAF	OVI AND
ted within 24 nours after completely filled in by the ial, cremation, or removal event, the medical		23. PART I. Enter the dahock, or h IMMEDIATE CAUSE (Findisease or condition resulting in deeth)	eert feilure.	complications that cau List only one cause of a. Carcu DUE TO (OR A	n each line	a of							Approximation interval Onset and Municipal Approximation in the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of th
certificate be execuding physician and hygiene prior to bur rother traumatic	CERTIFICATION	Sequentisity list condit if any, leading to imme cause. Entar UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	diate ING Iry	b. DUE TO (OR de de de de de de de de de de de de de									
requires that the d sen signed by the of Health and Me shows any injure	MEDICAL	PART II. Other eignifica	ereb	he contributing to dae hellitus yo Varcula	th but not r	eaulting in the	undert	ying ceuse given in		24a. WAS AN PERFOR 1 YES 2	MED?	O O	VERE AUTOPSY WAILABLE PRIO OMPLETION OF DEATH?
N: The law ficate has be State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TEXAMINER?	O MEDICAL	HOSPITAL:	Outpatient 3	DOA A	HERE:	B. PLACE OF DEATH (Ch					
NG PHYSICIAN: The first this certificate eath with the State marked, or item		27. MANNER OF DEATH  1 Natural 5	Pending Investigation	28a. DATE OF INJU	JRY	26b. TIME OF	28c.	INJURY AT WORK?			NJURY OCCL	PRED	
TTENDI TOR: A after d	TED BY	2 Accident 3 Suicide 6 Homicide	Could not be determined	26e. PLACE OF IN. building, etc.	JURY — At ho (Specify)	ome, farm, stree	t, factory,	office		TION (Street or Town, State)	end Number o	r Aurel Aou	ite Number,
HOSPITAL OR A FUNERAL DIREC WITHIN 72 hours RTANT: If Item	COMPLE	anal anny		ICIAN: To the best of my i									and menner ed
TO THE HOSPITAL OF TO THE FUNERAL DE FIED WITHIN 72 PA IMPORTANT: IT IN	BE	29b, SIGNATURE AND TITL	E OF CERTIFUE	Thol	m_			29c. LICENSE NU	MBER 28 0		29d. DATE	SIONED (N	nth, Day, Yea
3	5	30. NAME AND ADDRESS OF DR. SUNIL I						RLAND MAR	YLANI	) 21	1502		
		31. DATE SLED Prong Of	1991	S. D. THERWAY	***								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

Cumberland, MD 21502

6. AGE (In yrs. lest birthday)

YRS.

81

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year)

MARCH 12

09

03

1991

1910 MARYLAND

9c, COUNTY OF DEATH

Allegany

3. TIME OF DEATH

10d. INSIDE CITY 1 X YES 2 NO

> Approximate interval Batween Onset and Death

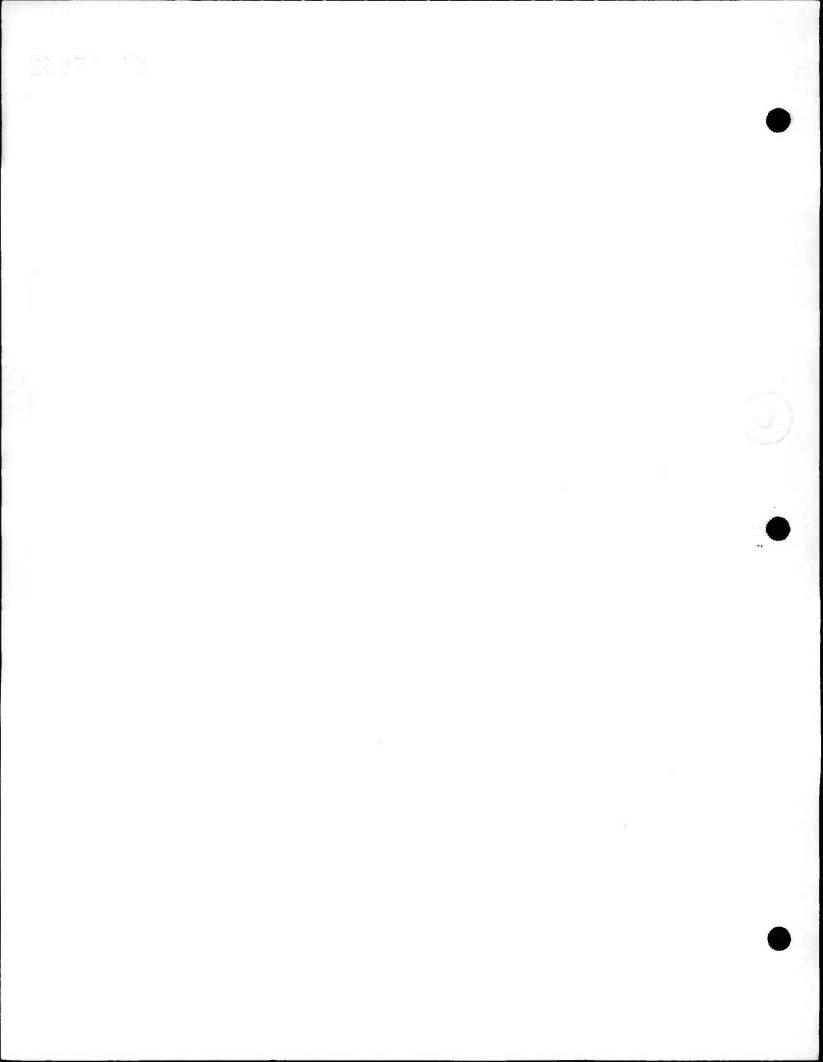
24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 - YES 2 - NO

14. RACE — American Indian, Black, White, atc.

8. BIRTHPLACE (State or Foreign Country)

5:45 AM



2. DATE OF DEATH DAY

7. DATE OF BIRTH (Month, Day, Year) 07-06-1918

08

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FOR STATE REGISTRAR

220107607

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

Jeanette MAXINE BARRETT

9a. FACILITY NAME (If not institution, give street and number)

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CTOR	SACRED HEART HO	SPITAL		CU	MBER	LAND, MAI	RYLAN	D	ALL	EGANY	
DIREC	10e. STATE 10b. COUN	TY		10c. CITY, TOWN	OR LOCA	TION				10	d. INSIDE CITY LIMITS?
	MD Allega	any		Cumberl	and,					XX	YES 2 NO
	10e. STREET AND NUMBER	. 2				f. ZIP CODE	-			ZEN OF WHA	T COUNTRY?
	225 N. Lee Stre		2.5	1502			USA				
DI I ONEHOL	11, MARITAL STATUS 1 Never Merried 2 Merried  Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES		MED 13	If yes, sp	CENDENT OF HISPAN Decity Cuban, Mexica S22 NO Specifi	n, Puerto Ri		or No-	14. RACE — Black, W Specify:. WILL	
	15. DECEDENT'S ED (Specify only highest grad		16a. DE	CEDENT'S USUAL	OCCUPATI	ON ost of working	16b.	KIND OF BUS	INESS/IND	USTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	ousewife	.)			own h	ome		
	17. FATHER'S NAME (First, Middle, Last) Edward Roberson					18. MOTHER'S NA Susan			Sumame)		
	19a. INFORMANT'S NAME (Type/Print)  Mrs. Kathleen H	erath	191 BC	x 162A	ss (Street i	erland, N	AD 21	r, City or Town	n, State, Zip	Code)	
	20e, METHOD OF DISPOSITION  2 G Burlat 2 G Cremation 3 G Re 4 G Donation 5 G Other (Specify)	movel from State	b. place	AND DATE OF DIS	POSITION	Name Park	9-4	20c. LO	erla	nd, M	State D
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE X OCUPE	ell	. 2	Scarp Cumb	oelli fur erland, N	neral D 21	Home 502			
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST	b. DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO	A CONSEC	DUENCE OF):							Interval Betw Onset and Di & da-
יוורטוסיד	PART II. Other algorificent conditions Candidate	one contributing to desth b	out not i	reauiting in the	underfyln	ng cause given in	Part I.	24s. WAS AN PERFOR 1 YES 2	MED?	AM CC OF	ERE AUTOPSY FINDIN AILABLE PRIOR TO EMPLETION OF CAUS DEATH?  YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТН		LACE OF DEATH (Ch	neck only one	)			
	1 TES 2 NO	1 Inpatient 2 - ER/Outs	patient 3	DOA 4 D	ursing Hor	me 5 🗆 Residence	_	-			
	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)		28b. TIME OF INJURY M	W	JURY AT ORK? YES 2 NO	28d. DE\$(	CRIBE HOW I	NJURY OCC	CURED	
	2 Accident investigation 3 Suicide 8 Could not b 4 Homicide determined	28e, PLACE OF INJURY	Y — At he	ome, farm, street, f	ectory, offic	Се	28t, LOCA City o	TION (Street or Town, State)	and Number	or Rural Rout	e Number,
COMPLETED	onel	SICIAN: To the best of my know NER: On the basic of examination									nd manner as state
D BE CO	29b. SIGNATURE AND TITLE OF CERTIF		m	-		29c. LICENSE NUI	MOER	B	29d. DATI		onth, Day, Year)

30. NAME AND ADDRESS PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Salia Davidson-Randalle

GEORGE BREZA

SEP 0 4 1991

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

BMG 912 SETON DRIVE CUMBERLAND, MD, 21502

6. AGE (in yrs. lest birthday)

73

YRS.

91 25953

3. TIME OF DEATH

8:15 8. BIRTHPLACE (State or Foreign Caunty)

> > Approximate Interval Betwe Onset and Death

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

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9c. COUNTY OF DEATH ALLEGANY

	1 - FOR STATE REGISTRAR		CERTIFICA	ENT OF HEALTH AND N TE OF DEATH	MENTAL HYGIEN REG. NO.	_	25
	L DECEDENT'S NAME (Part, Models Last  A BOCIAL SECURITY NUMBER  212-12-4592	SSEX CASE 77	BUTLER (In yes. last birthday) # U YRS.	HOER 1 YEAR IF UNDER 24 HRS. HIS DAYS HOURS MIN.	2. DATE OF BIRTH (Words Day Vogs)	// Cour	2. TIME OF C 2. THEPLACE (STRING OF COTY) A RYLAN
DB DB	5165 SUDLEY I	The second second	96.	WEST RIVER	ATH /	Re/COUNTY OF	
DIRECTOR		E ARUNDEL	77.00, 50.00, 50.00	ST RIVER			10d. INSIDE : LIMITS? 1 TES 2
BY FUNERAL	51.65 SUDLEY R 11. MARITAL STATUS 1 Never Married 2 Married 2 Widowed 4 Divorced	OAD  12. WAS DECEDENT EVER IF PORCESY 1 1 YES. GIVE WAR ON D	2 X 100	13. WAS DECEMBENT OF HISPAN If yes, specify Cuben, Mexican 1 YES X X NO Specify	, Puerto Rican, etc.)	Spe	A
APLETED	15. DECEDENT'S ED (Specify only highest gra- Elementary/Secondary (0-12)	UCATION to completed) Coffege (1-4 or 5+)	16s. DECEDENT'S USUA (Give kind of work of the Do MCT use nell DOMESTI	tione during most of working sid.)	16b. KIND OF BUS	SINESS/INDUSTRY	LAUK
BE COMPL	17. FATHER'S NAME (First, Mickin, Last) LAWRENCE HARRI VIEW, INFORMANT'S NAME (Pape/Print)	ED	1 100 1111 1111	RAC	HEL SELL	MAN	
TO BE	MELVIN NAYLOR		3564 R	REBS (Street and Number or Runel R IVA RD DAVI	DSONVILL	E, MD.	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN
	20a. METHOD OF DISPOSITION 1   Burlel 2 Cremation 3 Re 4 Donation 5 Cother (Specify)	movel from State	other place)	RAYER CEMETE		CATION - CHY OF	Town, State ER, MI
	21. SIGNATURE OF FUNERAL SERVICE		01 1	22. NAME AND ADDRESS OF FAC	27.30		ANNAP
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e. Preven	A CONSEQUENCE OF A CONSEQUENCE OF	estases resation tobido	on 6	-9-8	38
: MEDICAL CI	PART II. Other algorificant condition	ons contributing to death I	but not resulting in th	e underlying cause given in	Pert I. 24s. WAS AN PERFOR	AMED?	46. WERE AUTOP AMALABLE PI COMPLETION OF DEATHY
AN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (Ch	ical analy area)		7.03.180.18
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ETED BY PH	Natural   S   Pending	(Month, Day, War)	Y — At home, farm, street	M T YES 2 NO	28f. LOCATION (Street City or Town, State)	and Number or Pyth	Marine Municipal
<u>a</u>				the time, date and piece, and due my opinion, death occured at the			n(e) and manner
TO BE COM	290. SIGNATURE AND TITUE OF CENTUR 30. NAME AND ADDRESS/OF PERSON'S	nyo gompleyed cause of d	EATH GTEM 27) (7)00, Pron	29c. LICENSE HUA	MINER	29d. DATE BIGHT	Moren, Pay
	Charles 1	22. REGISTRAN'S SIG	NATURE M	9 LO	Thias	n, 1	MA
	SEP 1 1 1991	Juha Davidson V	panpled				

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	OR:	fter	80
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deta	IS a	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at onc
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

Cornett	Momas	homas Ga	rrett	CORNET	T	2. DATE OF DEATH	, v	YEAR 3	TIME OF DEATH
A. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Ia		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTHPL Country)	ACE (State or Foreign
220-29-9520  90. FACILITY NAME (If not institution						Nov.8, 199		10.00	yland
University of	Maryland H	ospital			timore C		9c. COU	INTY OF DEA	гн
10a. STATE 10b.	county rederick	- 18		TOWN OR LOCA lkersvi	7.400				Dd. INSIDE CITY LIMITS?  YES 2 NO
8733 Treas	ure Ave		- 4	10	1, ZIP CODE 21793			S.A.	AT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Merrie  3 Widowed 4 Divorced	12. WAS DECEDE FORCES?	NT EVER IN U.S. 1 YES 20 WAR OR DATES	RMED INO	13. WAS DE	CENDENT OF HISPAI Decity Cuben, Maxico S 24 INO Specif	NIC ORIGIN? (Specify Yearn, Puerto Ricen, atc.)	_	14. RACE -	American Indian, White, alc.
15. DECEDEN (Specify only higher Elementary/Secondary (0-12)	T'S EDUCATION psi grade completed)  College (1-4 or 5	- G		SUAL OCCUPATI rk done during m retired.)		16b. KIND OF BU	SINESS/IN	DUSTRY	
None		,	Bab	у					
17. FATHER'S NAME (First, Middle,						ME (First, Middle, Maiden			
James H. C					Kare	n A. Stoug	h		
9e. INFORMANT'S NAME (Type/Pri						Route Number, City or Tow			
Karen A. Cor						Walkersvil			
20s. METHOD OF DISPOSITION 14 Burlel 2 Cremation 3	☐ Removal from Stale	of cemeter	v cremelory o	of DISPOSITION or other place)		1		City or Town	
4 ☐ Donation 6 ☐ Other (Spec 21, SIGNATURE OF FUNERAL SER	***	_ St. P	eters	Cathol	ic Cemet	ery 9-14-1	991	Libert	ytown, Md
· Richai	JE. Dr	o√ MO0	255	Keen	ey and B	asford P.A rch St., F	. Fu	neral	Home Md. 21701
IMMEDIATE CAUSE (Final	failure. List only one ca	ause on each iin	ie.				iretory s	rreat,	Approximata interval Between Onset and Deatl
disesse or condition resulting in death)	s. Oron	O (OR AS A CONS	EQUENCE OF)	onay	dysp!	alla			7mos
Sequentially list conditions, if any, leading to immediate		O (OR AS A CONSI		5 SVe	nosis				9mos
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C. DUE T	O (OR AS A CONS	EOUENCE OF)	:					
	d							_	+
	anditions contributing t	o death but not	resulting in	tha undarlyii	ng cause given in	Part I. 24a, WAS AP PERFO		/ /	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO
PART II. Other significant co						1 _ YES	2 NO	9	OMPLETION OF CAUSE OF DEATH?
PART II. Other significant or						1 TYES	2 ☑ NO	9	
PART II. Other significant of	DICAL HOSPITAL:	□ ER/Outpatient		OTHER:	PLACE OF DEATH (C	heck only one)	2 1 NO	9	F DEATH?
25. WAS CASE REFERRED TO MEI EXAMINER? 1	HOSPITAL: 1 Inpatient 2 28a. DATE (	ER/Outpatient Day, Year)		OTHER: 4 Nursing Ho OF 28c. IN				1	F DEATH?

. REGISTRAR'S SIGNATURE

11 (739) (65)

220-20-2070

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mous after death. Page 6 may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pa	be filed Within 12 flours after death with the State Dept. or health and weeken hydron to burie, demanded, or fembras.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must b
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH		NTAL HYGIEN REG. NO.	<b>E</b> 9	1 2	25956
	1. DECEDENT'S NAME (First, Middle, Lest)		6			DATE OF DEATH	Y Y	FAR	IME OF DEATH
	Mary		nnelly			Sept. 9	199		7:30 PM
		. SEX 8. AGE (		UNDER 1 YEAR IF UNDER 2 NTHS DAYS HOURS	MIN. C	Month, Day, Year)		Country)	E (State or Foreign
	217-07-6653 1  9a. FACILITY NAME (If not institution, give stree			CITY, TOWN OR LOCATIO			9c. COUNTY	Mary	
BY FUNERAL DIRECTOR	Caroline Nursing			Denton				roli	
E	10a. STATE 10b. COUNTY	-	10c. CITY, T	OWN OR LOCATION				10d.	INSIDE CITY LIMITS?
◌		aroline			Dento	on 		21	YES 2 NO
RAL	10e. STREET AND NUMBER			10f. ZIP CODE			10g. CITIZEN		COUNTRY?
빌	107 South Fifth	AVENUE 2. WAS DECEDENT EVER II	VIIS ADMED	13. WAS DECENDENT OF	1629	ODIGIN2 (Specify Voc	U.S		madaan ladisa
<u> </u>	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, specify Cuban  1 YES 2 NO	Maxican, P	Puarto Rican, atc.)	0.140-	Black, Whi Specify:	marican Indian, Ita, atc.
	3  Widowed 4 □ Divorced			, a 2X	ороспу.		lc:	auca	sian
	15. DECEDENT'S EDUCAT (Specify only highest grade con		16a. DECEDENT'S USI (Give kind of work	JAL OCCUPATION done during most of working tired.)		18b, KIND OF BUS	SINESS/INDUS	TRY	
ا ۳	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homema			Home			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	Pa.	Homema		FR'S NAME	(First, Middle, Maiden			
Ö	Julian Po	wer			Mar				
) BE	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Number of	or Rural Rout	te Number, City or Tow	n, State, Zip Co	xde)	
일	Ruth Crouse		P.O.	Box 115,	Dent	on, Mar	y1and	216	29
	20a. METHOD OF DISPOSITION 1 ☐ Burial 2 ◯Cremation 3 ☐ Ramova			ON (Name of cemetery, creme			CATION — City		
	4 Donation 5 Other (Specify)		astern S	hore Crem			orget	own,	DETawar
	1 Handala	0,00h.		Moore Fu			P.A.		
	- 1 sauce to	11,1/100	ren	Drawer B	, Dei	nton, Ma	aryla		
	23. PART I. Enter tha diseases, of cor ahock, or heart fallure. Lis			enter tha mode of dyir	ig, such a	a cardiac or respi	ratory arreal	ι,	Approximata interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	Preum							Onset and Death
_		DUE TO (OR AS A	CONSEQUENCE OF):					ì	
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause, Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):						
잂	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	CONSEQUENCE OF):						
ERI	resulting in death) LAST								
	PART ii. Other eignificant conditions	contributing to death b	ut not resulting in t	he underlying cause g	ven in Par	rt I. 24a. WAS AN			RE AUTOPSY FINDINGS
ICAL	Endstage C	BS				PERFOR		COM	ILABLE PRIOR TO IPLETION DF CAUSE DEATH?
PHYSICIAN: MEDI	9							7.70	YES 2 NO
ä									
2		IOSPITAL:	9	26. PLACE OF DE THER:					
₹	1 YES 2 SHO 1	☐ Inpatient 2 ☐ ER/Out	28b, TIME C	Nursing Home 5 - Res		Other (Specify)	N ILIBA OCCITE	DED.	
	1 Natural 5 Pending	(Month, Day, Ybar)	INJUR			ou. Degotabe non		L	
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spe	— At home, farm, stre	et, factory, office	28	Bf. LOCATION (Street		Rural Route	Number,
COMPLETED	4 Homicide determined	and the same to be	//			City or Town, State)			
2		N: To the best of my know	ledge, death occurred a	it the time, date and place,	and due to	the cause(a) and ma	nner as stated.		
Š	one) 2 MEDICAL EXAMINER:	On the basis of examination	n and/or investigation,	n my opinion, death occurr	d at the tim	na, data and placa, ar	nd due to the c	:ause(s) and	manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICE	NSE NUMBE	R	29d. DATE S	1 1-	nth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 97) (Since De	D 3.	, , , ,	7	7/	10/9	-/
	Rob Lappin mi	> 920 M	arket S	D3.	M	d. 210	29		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	IATURE	3 -73			- 1		
	SEP 11 '91	Lulia Davidson	- Pandell						

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FOR STATE REGISTRAR

Wilbur

4. SOCIAL SECURITY NUMBER

221-10-0442

1. DECEDENT'S NAME (First, Middle, Last)

5. SEX

1√XM 2 □ F

should	~	Se. FACILITY NAME (If not institution, give Memorial Hos	street and number)			WN OR LOCATION OF DE	ATH .	9c. COUNTY	Y OF DEATH
2,	DIRECTOR		spicar		East	on		Tal	.bot
. S	낊	RESIDENCE OF DECEDENT  10e. STATE 10b. COUN	ITY	100 C	TY, TOWN OR LO	CATION			
20	뜻								10d. INSID
jį.		10e. STREET AND NUMBER	oline		lender				1 TYES
2	FUNERAL	-1811				101. ZIP CODE		10g. CITIZEI	N OF WHAT COUNT
ian. trans	N N	Rt.l Box 164				21640		USA	
215-0020 attending physician. se as the burial-transit permit. Pages	B	1 Naver Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR OF	ES 2 NO	it yes	DECENDENT OF HISPAN I, specify Cuban, Mexico YES 2 NO Specify	i, Puerto Ricen, etc.)		Black, White, etc. Specify: hite
215 attend	COMPLETED	15. DECEDENT'S EC	UCATION	18e. DECEDENT'S	S USUAL OCCUP	PATION	16b. KIND OF BI		
5 6 2		(Specify only highest gra Elamentary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during ise retired.)	most of working			
0.5 g	린	7th		mainta	ance m	echanic	Play	tow	
Once.	ő	17. FATHER'S NAME (First, Middle, Last)		7 G I II C C	ince m		AE (First, Middle, Maide		
E tal	BE 0	Garrett Cahall						·	1 11
retained 5 should		19e. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Stre	eet and Number or Rural F	(unknow	n) Ca	hall
Trett 5 st	임	Addie H. Cahal	1						
ay be		20e, METHOD OF DISPOSITION		20b. PLACE AND DATE		164 Hend		D 216	
TOR B E E MA Bector, p		5 Buriel 2 ☐ Cremetion 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)	moval from State	cemetery, cremetory or	other plecel		1		y or Town, State
IMORE, Page 6 may be Il director, page		21. SIGNATURE OF FUNERAL SERVICE L		Templevi			9-6-91	Temp1	eville,
ALTIMORE, death. Page 6 may be e funeral director, page examiner must be		1.1.1	1/2		22, NAME	E AND ADDRESS OF FAC	CILITY		
- 0 7		Distu (	Junal-	,	Fla	egle-Hel:	Green	sboro	, PMB 21
		23. PART I. Enter the diseases, De	complications that cau	sed tha death. Do	not entar tha	mode of dying, such	as cardiac pr reac	ritatory arraa	t, Appn
Do be po E		shock, or haart failure IMMEDIATE CAUSE (Final	List only one cause or	n aach lina.				arradi	intary
		disease or condition	. 0 1 10 3		0.1	- A			Onsa
3760, rted within 24 completely fill ial, cremation,		resulting in death)	a. DUE TO OR A	S A CONSEQUENCE	, <i>a</i>	ned			
Pa 0 - 0	_		202.10 (2)11 /	To a construction	J.,	1 1			2
execution and control to burish	ō l	Sequantially liat conditions,	b. DUE TO (OR'A	S A CONSEQUENCE O	×	Julino			21
o de la	Ā	if sny, leading to immediate cause. Enter UNDERLYING	Enorth	1		m mall.	hã-		12.
. 2 Z Z Z	윤	CAUSE (Disease or injury that initiated events	c. DUE TO (OR A	S A CONSEQUENCE O	E	- Corceco	J1V 2		) (
eath certific attending ph ntal Hygiene y, or other	CERTIFICATION	resulting in death) LAST	Class	and c-	what	0.	. 0		11-
= = = -	8		d	41-0	042.	Mu	& ous	PROD_	
를 를 를 를	A I	PART II. Other significant condition	na contributing to death	but not resulting	in the undariy	ying cauae given in I	Part 240. WAS AP		24b. WERE AUTOI
	EDICAL	Comers a	item du	elesa T	ق اسو	in-	PERFO		AVAILABLE P
S de Si es C	ME	ante th	n 62	+ (10	1000	o Proot	1 125	Tho	DF DEATH?
CC = 55.22				7 00	Jan	of Cherry	_		1 TYES
AL F ne law n has be Dept. n 23 s	Z I	25. WAS CASE REFERRED TO MEDICAL	7.0		26	PLACE OF DEATH (Che			
F VITAL SICIAN: The lav certificate has the State Dep	SICIAN:	EXAMINER?	HOSPITAL:		OTHER:				
마 으 흐픈	PHY	27. MANNER OF DEATH	1 Punpatient 2 ER/O			fome 5 Rasidence (			
○ 注 置 ≥ ≥		Natural 5 Pending	(Month, Day, Year	r) IN.	JURY	WORK?	28d. DEŞCRIBE HOW	NJURY OCCUR	ED
ON ONNG After death death	B	2/ Recident investigation	280 BLACE OF IN III	IPV As been as		YES 2 NO			
ATTENDING PH ATTENDING PH CTOR: After thi s after death w		3 Suicide 6 Could not be 4 Homicide determined	building, etc. (S	IRY — At home, term, pecify)	atreat, tactory, o	ffica	28t. LOCATION (Street City or Town, State	end Number or F	Route Number,
DIVISION OR ATTENDING F DIRECTOR: After hours after death item 28 is mar	COMPLET	29e. CERTIFIER							
A P P P P P P P P P P P P P P P P P P P	린	(Check only	SICIAN: To the best of my kn	owledge, death occurr	ed at the time, d	late end place, end due t	o the ceuse(s) end me	nner as atated.	
NEP.	ő	2 MEDICAL EXAMIN	ER: On the besis of examina	tion end/or investigation	on, in my opinior	n, death occured at the t	me, dete and plece, er	nd due to the co	suse(s) and menner
HATA WIN	111	206. SGNATURE AND TITLE OF GERTIFIE		4		29c, LICENSE NUM	BER	29d DATE SI	GNED (Month, Day,
TO THE HOSPITAL (TO THE FUNERAL DE fied within 72 ho	BE	(Nubert +1 )		M		Danve	ril	▶ ZC	A L
	2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE DE	DEATH (TEM 27) (Type	Print)	10028	M	1	rotto circo
		ALBERT T. DA	WKINS V.	to	50	B. DEI	NILD 4	NE	11.1
		31. DATE FILED (Month, Day, Year)	32 REGISTRAD'S SI	GNATURE	E	LADVI "	in Hely L	+ND-	1601
		SEP 10 '91"	U - w pavi	ion-Randago		4	4		
-				Property	7 :				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

DAY

IF UNDER 24 HRS.

HOURS

Caha11

YRS.

8. AGE (In yrs. last birthday)

75

25957 91

8. BIRTHPLACE (State or Foreign Country)

YEAR

1915 Maryland

10g. CITIZEN OF WHAT COUNTRY?

14. RACE — American Indian, Black, White, etc.

91

and due to the ceuse(s) and menner es stated. 29d. DATE SIGNED (Month, Day, Year)

Templeville, Md

21639 Box

Approximata intarval Batwean **Onsat and Daath** 

3 weeks

3 weeks

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO

3. TIME OF DEATH

10d. INSIDE CITY LIMITS? 1 TES 2 XNO

6.15

REG. NO.

2. DATE OF DEATH MONTH DAY

9

Oct.

7. DATE OF BIRTH (Month, Day, Year) Oct. 6,

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

( m	REGISTRAR		CERTIF	ICATE OF	DEATH	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)		т. (		NICK	2. DATE OF DEATH DAY	2 1991	3. TIME OF DEATH 0353 M
	4. SOCIAL SECURITY NUMBER  28-16-7606  90. FACILITY NAME (If not institution, give st	1 7M 2 □ F	(In yrs. last birthday) 66 YRS.	IF UNDER 1 YEAR MONTHS BAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-24-24	Mai	THPLACE (State or Foreign mirry) Tyland
TOR	PENINSULA GENE				SBURY	EATH	9c. COUNTY OF WICO	MICO
DIRECTOR	10e. STATE 10b. COUNTY	erset	10c. CITY	Crisfie				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER  2 Wynfall As	ve.		10	1. ZIP CODE 21817	1	0g. CITIZEN OF	WHAT COUNTRY?
æ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR E		If yes, ap	CENDENT OF HISPAN Hecity Cuben, Mexica 3 2 NO Specifi	NIC ORIGIN? (Specify Yee or in, Puerto Rican, etc.)	No — 14. RA Bla	CE — American Indian, lick, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of w life. Do NOT use Fore	vork done during mo e retired.)	ON ost of working	166. KIND OF BUSING		acturing
	H.S. graduate  17. FATHER'S NAME (First, Middle, Last)  George W. Char	cnick	1016	311(21)		ME (First, Middle, Maiden Sur trude Evans		acturing
TO BE	190. INFORMANT'S NAME (Type/Print) Lori A. Charnick		196, MAILINO Satt	ADDRESS (Street of		Route Number, City or Town, 5	State, Zip Code)	
	20a. METHOD OF DISPOSITION 1 M Buriel 2 Cremellon 3 Remo 4 Donation 5 Other (Specify)	oval from State cer	b. PLACE AND DATE Of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state	F DISPOSITION /Na	ame of		on Stat	
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE Buch	hered	В	radshaw &	& Sons Funer	cal Hom	
NC	23. PART I. Enter the diseases, or conshock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A	6ral A CONSEQUENCE OF 26ral	ot enter the mo	de of dying, auci	h ss cardiac or reapirate	ory arreat,	Approximata interval Batween Onset and Death 5 - day
CERTIFICATION	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	. <u> </u>	A CONSEQUENCE OF					
MEDICAL	PART II. Other algnificant conditions	contributing to death b	fibril	the underlying	g cause givan in	Part 1. 24s. WAS AN AUT PERFORME 1   YES 2	D?	ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 10	HOSPITAL:		OTHER:	ACE OF DEATH (Che			
ВУ РНУ	27. MANNER OF DEATH  1  S Pending 2  Accident Investigation	28e. DATE OF INJURY (Month, Dey, Yeer)	28b. TIME INJU	OF 28c. INJ		28d. DESCRIBE HOW INJU	RY OCCURED	
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	f — At home, ferm, st cify)	reel, factory, office		281. LOCATION (Street end I City or Town, State)	Number or Rural	Floute Number,
COMPLET	29e. CERTIFIER (Check only one) 1 DEERTIFYING PHYSIC 2 MEDICAL EXAMINER	IAN: To the best of my know	riedge, death occurred	st the time, date , in my opinion, d	end place, end due	to the ceuse(e) end manner time, date end place, and du	ee stated.	(e) and menner ee stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  WILLIAM  O	- tiles	E ME		29c. LICENSE NUM	BER 29	d. DATE SIONE	D (Month, Oay, Year)
	30. NAME AND ADDRESS OF PERSON WHO  31. DATE FILED (Month, Day, Year)	Ellis, J	ATH (ITEM 27) ATOPO, I	100	Power S	St Salisb	ury, M	D 21801

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Bradshaw & Sons Funeral Home 206 W. Sain St. - Cristons, Nd. 21817

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le law requires that the death certif	has been signed by the attending property of Health and Mental Hygien	n 23 shows any injury, or other
4: The law requires that the death certif	cate has been signed by the attending p State Dept. of Health and Mental Hygien	Item 23 shows any injury, or other
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G PHYSICIAN: The law requires that the death certif	er this certificate has been signed by the attending path with the State Dept. of Health and Mental Hygien	narked, or item 23 shows any injury, or other
NDING PHYSICIAN: The law requires that the death certif	: After this certificate has been signed by the attending profeath with the State Dept. of Health and Mental Hydien	is marked, or Item 23 shows any injury, or othe
ITENDING PHYSICIAN: The law requires that the death certif	TOR: After this certificate has been signed by the attending pater death with the State Dept. of Health and Mental Hygien	28 is marked, or Item 23 shows any injury, or othe
OR ATTENDING PHYSICIAN: The law requires that the death certif	IRECTOR: After this certificate has been signed by the attending prure after death with the State Dept. of Health and Mental Hydien	em 28 is marked, or item 23 shows any injury, or othe
AL OR ATTENDING PHYSICIAN: The law requires that the death certif	AL DIRECTOR: After this certificate has been signed by the attending p 2 hours after death with the State Dept. of Health and Mental Hydien	if item 28 is marked, or item 23 shows any injury, or other
SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certif	VERAL DIRECTOR: After this certificate has been signed by the attending prin 72 hours after death with the State Dept. of Health and Mental Hydien	IT: If item 28 is marked, or item 23 shows any injury, or other
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certif	FUNERAL DIRECTOR: After this certificate has been signed by the attending p within 72 hours after death with the State Dept. of Health and Mental Hydlen	ITANT: If item 28 is marked, or item 23 shows any injury, or other
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache to filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to build. cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARY	AND / DEPART	MENT OF H	IEALTH AND I	MENTAL HYGIEN		1 25959
	1. DECEDENT'S NAME (First, Middle, Last)  JAMES		C	ASCIO,		2. DATE OF DEATH 1	<u> 9</u>	12:43 DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
	214-14-1222		72 YRS.	ONTHE DAYS	HOURS MIN.	July 24,		Country) Maryland
1	9e. FACILITY NAME (If not Institution, give st			9b. CITY, TOWN C	OR LOCATION OF DE	_		OF DEATH COUNTY
ō	NORTH ARUNDEL HO	SPITAL ASSO	CIATION	GLEN	BURNIE		<u>A</u>	.A. COUNTY
EC	RESIDENCE OF DECEDENT  100. STATE 10b. COUNTY		10c CITY	TOWN OR LOCAT	TON		-	
DIRECTOR	Maryland Anne	Arundel		lersvill	Le			10d. INSIDE CITY LIMITS? 1 YES 2 1 NO
FUNERAL	609 Waterwheel La	ne, Apt. 14			21108		U.S.	N OF WHAT COUNTRY?
5	11. MARITAL STATUS	12. WAS DECEDENT EVER	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify Yes	or No.— 14.	. RACE — American Indian,
BY I	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D		1 YES		n, Puerto Rican, atc.)		Black, White, atc.  Specify:
	15. DECEDENT'S EDUC	WW 2						White
COMPLETED	(Specify only highest grade	completed)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use	rk done during mos	on st of working	16b. KIND OF BUS	SINESS/INDUS	TRY
PLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Sales	генгеа.)				
MC	17. FATHER'S NAME (First, Middle, Last)		Sares			Uniform		als
E C	Samuel Cascio				Rose C	AE (First, Middle, Meiden	Sumame)	
0	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS /Street or		oute Number, City or Town		21100
2	Josephine E. Case	cio						∞ 21108 sville, MD
	20. METHOD OF DISPOSITION	201	PLACE AND DATE OF	DISPOSITION (Nat	me of	DATE 20c. LO		
	1 Burial 2 Cremation 3 Famo	val from State G	netery, crematory or other Len Haven	Mem. Pk				ie, A.A., MD
	21. SIGNATURE DE FUNERAL SERVICE LIGI	ENSEE		22, NAME AN	D ADDRESS OF FAC	BLITY	Dulii	ie, A.A., MD
	1 July al	11			y Funera			
-	23. PART I. Enter the diseases, Dr ci	omnilications that cause	d the death De and	421 Cr	ain Hwy.	, S.E., G1	en Bur	nie, MD 21061
	ahock, Dr heert falfure. L  IMMEDIATE CAUSE (Final disease Dr condition resulting in death)	Cons	estive	+/e.			ratory arreat	, Approximate interval Between Onset and Death
_ 1		Re na	CONSEQUENCE OF):	. / 1	•			
CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS	CONCEDIENCE OF.					
Ϋ́	if any, leading to immediate cause. Enter UNDERLYING	Todas	inc H.	-c.+	1)1100	438		
田田	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	CONSEQUENCE OF):	recy	1211			
F	resulting in death) LAST							j [
S	DADT II Other design							
CAL	PART ii. Other algnificent conditions	contributing to death b	cul U	the underlying	cause given in F	Part I. WAS AN PERFOR	AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	Chronic	at terry	cust			I TO YES 2		COMPLETION OF CAUSE OF DEATH?
Z	- GIS Cope	2 chter	601/100	with	7			1 TES 2 NO
ä	Seconda	-> 1ht	ection	*				
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL/	ACE OF DEATH (Chec	ck only one)		
PHYSICIAN: MEDI	1 YES 2 NO	1 Inpetient 2 ER/Outp	entlent 3 DOA 4	☐ Nursing Home	5 - Residence 8	Other (Specify)		
	27. MANNER OF DEATH  1 Netural 5 Pending	(Month, Day, Year)	28b. TIME C	Y WOR	IRY AT	28d. DESCRIBE HOW IN	JURY OCCUR	EO
B	2 Accident Investigation	20. 81.05.05.01.00			ES 2 NO			
COMPLETED	3 Suicida 8 Could not be detarmined	28e. PLACE OF INJURY building, etc. (Spec	— At home, term, stre	et, tactory, office		281. LOCATION (Street e. City or Town, State)	nd Number or R	tural Floute Number,
7	290. CERTIFIER Check only	IAN: To the best of my know	ledge, death occurred a	at the time date of	and place, and due t	a the same (a) and a sec		
MO	one) 2 MEDICAL EXAMINER	On the basis of examination	n and/or investigation,	in my opinion, de	sth occured at the ti	me, data end place, and	l due to the ce	use(e) and menner se stated.
	296. SIGNATURE AND TITLE OF CERTIFIER	-			29c. LICENSE NUME			
BE	Flinad Kerr	no 7	D'		D1917/		29d. DATE SIG	GNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO EDWARD N. SHERN	COMPLETED CAUSE OF DE IAN, M.D./95	TAQUAHART	ROAD,			MARYLA	ND 21061
	SEP 1 3 1991	32 REGISTRAR'S SIGN	Mandelle					

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BALTIMORE, MARYLAND 21203-3	PHYSICIAN: The law requires that the death cartificate be executed within which after death. Page 6 may be retained by the hospital or attendit	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
13146,	xecuted within	and completely burial, cremati
O. BOX	certificate be e	fing physician lygiene prior to
S, P.	e death	he attend Mental H
RECORD	w requires that th	been signed by to
OF VITAL RECORDS, P.O. BOX 13146,	PHYSICIAN: The la	this certificate has been signed by the attending physician and completely filled in by the I with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

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HOSPITAL OR ATTENDING PHYSICIAN: The law requires FUNERAL DIRECTOR: After this certificate has been signi within 72 hours after death with the State Dept. of Healt

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31. DATE FILED (Month, Day,

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 25960 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH YEAR MARIA CARTER Sept. 991 8:15 L. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. DAYS HOURS 1 🗌 M 2 😾 F 80 YRS. 216-14-3702 Sept 2.2 191 Belgium 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH Center Pleasant Living Convalescent Anne Arundel Edgewater 10b. COUNTY 10a. STATE 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Edgewater 1 TES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 152 Riverside Road 21037 S. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11, MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married FORCES? 1 YES 2 1 TYES 2 NO Specify: Specify: 3 K Widowed 4 Divorced White 16a. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Home 12 Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Louisa Mussels Louie VanTichlet 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Carriage Lane, Fairfax, Marlene McKnight 4331 Mt. VA 22033 20b. PLACE OF DISPOSITION (Name of cametery, cremetory or 20c. LOCATION -- City or Town, Stata 4 Donation 5 Other (Souchy) tropolitan Crematory 9/12 Alexandria, VA OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Taylor Funeral Chapel 21401 Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory arreat, shock, or heart fellure. List only one cause on each line. cus .MD Approximete Interval Between Move Than IMMEDIATE CAUSE (Final disease or condition___ zheimer sease resulting in death) 10 years DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL . OTHER:
4 Nursing Home 5 - Residence 6 - Other (Specify) 1 TES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1, Natural 5 Pending 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be 4 Homicide 29a. CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner se stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TYPLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month. Day Year

KMZEr WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32. REGISTRAR'S SIGNATURE Julia Savidson Bondall OHMH-18 Rev 1/89 as half a contract of

attan . .

	1. DECEDENT'S NAME (First, Midd JOHN GU	dio, Lasi) Y DURMAN	, JR.				2. DAT	ot. 4, T	991 ¹⁵	3. TIME OF DEATH 10:11 A
-	4. SOCIAL SECURITY NUMBER 214-26-3677	5. SEX 1 × M 2		(In yrs. last birthday) YRS,	IF UNDER 1 YEAR MONTHS DAYS		7. DAT	E OF BIRTH	8.8	BIRTHPLACE (State or For Country) Maryland
HO	90. FACILITY NAME (If not institute Fallston Gene	ral Hospi	tal		»ь. сіту, том Fall	STON	EATH		9c. COUNTY Ha	of DEATH rford
DIRECT	10a. STATE 10b  Maryland	county Harford			ry, town or Loc	CATION				10d. INSIDE CITY LIMITS? 1  YES 2 X
FUNERAL	100. STREET AND NUMBER 410 Plumtree	Road				101. ZIP CODE 21014				OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Marr 3 Widowed 4 Divorced	FORCE	ecedent ever s? 10 yes give war or t Korea	2 NO	If yes,	ECENDENT OF HISPA specify Cuben, Maxie ES 2 NO Spec	en, Puerte	ilN? (Specify Yes o Rican, atc.)	ACCOUNTS 1	RACE — American India Black, White, etc. Specify: White
COMPLETED		NT'S EDUCATION hest grade completed) College (1	-4 or 5 +)	(Give kind of life. Do NOT u		most of working Specialis	st	_	INESS/INDUST	nent nent
BE CON	17. FATHER'S NAME (First, Middle, John Guy Du	irman, Sr.				18. MOTHER'S N Jessie	AME (First	, Middle, Melden S OTTIS	Sills	5
TO B	190. INFORMANT'S NAME (Typore Eulala M. Dur	man		19b. MAILING 410	g ADDRESS (Street Plumtre	et and Number of Rura ee Road,	BeI	Alr, MC	1. State 210	<b>1</b> '4
	20a. METHOD OF DISPOSITION 1 M Burlal 2 Cremation 3 4 Donation 5 Other (Spe			ob. PLACE AND DAT I comptary, cremetor L. MALLY S		pal Cemet		TE 20c. LOC	CATION — CITY Ab	ingdon, Md
	21. SIGNATURE OF FUNERAL SE	RVICE LICENSEE			22. NAME	AND ADDRESS OF F	ACILITY	TTT 13	mown1	Homo DA
	23. PART I. Enter the disea	ses, or complication	Dans that cause	da III	1317	Cokesbu	y Ro	oad, Ab:	ingdon	,Md. 21009
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2+ frours after death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dim	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner in
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Emmetary/Secondary (612) Codes (14 or 6.1)  2	1 Never Merried 2 Ma	FORCES? 1 YE	8 2 X NO	lf y	ee, specify Cuban, Maxic	an, Puerto Ri		or No 1	Black, W	hite, etc.
William Daymude   Winnown   1969, MALING ADDRESS (Stored Number or Paral Robes Number, City or Event, Store, 250 Code)   1969, MALING ADDRESS (Stored Number or Paral Robes Number, City or Event, Store, 250 Code)   1969, MALING ADDRESS (Stored Number or Paral Robes Number, City or Event, Store, 250 Code)   1969, MALING ADDRESS (Stored Number or Paral Robes Number, City or Event, Store, 250 Code)   1969, MALING ADDRESS (Stored Number or Paral Robes Number, City or Event, Store, 250 Code)   1969, MALING ADDRESS (Stored Number or Paral Robes Number, City or Event, Store, 250 Code)   1969, MALING ADDRESS (Stored Number or Paral Robes Number, City or Event, Store, 250 Code)   1969, MALING ADDRESS (Stored Number or Paral Robes Number, City or Event, Store, 250 Code)   1969, MALING ADDRESS (Stored Number or Paral Robes Number, City or Event, Store, 250 Code)   1969, MALING ADDRESS (Stored Number or Paral Robes Number, City or Event, Store, 250 Code)   1969, MALING ADDRESS (Stored Number or Paral Robes Number, City or Event, Store, 250 Code)   1969, MALING ADDRESS (Stored Number or Paral Robes Number or Paral Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number or Robes Number o	(Specify only his Elementary/Secondary (0-12	ghest grade completed) ) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done dur ise retired.)	ing most of working	Am Wa	nerica shingt	n Uni	_{versi}	
Doris Daymude  Rt. 1, Box 84, Grantsville, MD 21536  20a. METROO of Disposition   Demonstration   20a. PLACE of Disposition (Name of cannetby, contently, contently or Grantsville, MD   20a. DISPOSITION (Name of Cannetby, Contently or Grantsville, MD   20a. DISPOSITION (Name of Cannetby, Contently or Grantsville, MD   20a. DISPOSITION (Name of Cannetby, Contently or Grantsville, MD   20a. DISPOSITION (Name of Cannetby, Contently or Grantsville, MD   20a. DISPOSITION (Name of Cannetby or Grantsville, MD   20a. DISPOSITION (Name of Cannetby or Grantsville, MD   20a. DISPOSITION (Name of Cannetby or Grantsville, MD   20a. DISPOSITION (Name of Cannetby or Grantsville, MD   20a. DISPOSITION (Name of Cannetby or Grantsville, MD   20a. DISPOSITION (Name of Cannetby or Grantsville, MD   20a. DISPOSITION (Name of Cannetby or Grantsville, MD   20a. DISPOSITION (Name of Cannetby or Grantsville, MD   20a. DISPOSITION (Name of Cannetby or Grantsville, MD   20a. DISPOSITION (Name of Cannetby or Grantsville, MD   20a. DISPOSITION (Name of Cannetby or Grantsville, MD   20a. DISPOSITION (Name of Cannetby or Grantsville, MD   20a. DISPOSITION (Name of Cannetby or Grantsville, MD   20a. DISPOSITION (Name of Cannetby or Grantsville, MD   20a. DISPOSITION (Name of Cannetby or Grantsville, MD   20a. DISPOSITION (Name of Cannetby or Grantsville, MD   20a. DISPOSITION (Name of Cannetby or Grantsville, MD   20a. DISPOSITION (Name of Cannetby or Grantsville, MD   20a. DISPOSITION (Name of Cannetby or Grantsville, MD   20a. DISPOSITION (Name of Cannetby or Grantsville, MD   20a. DISPOSITION (Name of Cannetby or Grantsville, MD   20a. DISPOSITION (Name of Cannetby or Grantsville, MD   20a. DISPOSITION (Name of Cannetby or Grantsville)   20a. DISPOSITION (Name of Cannetby or Grantsville)   20a. DISPOSITION (Name of Cannetby or Grantsville)   20a. DISPOSITION (Name of Cannetby or Grantsville)   20a. DISPOSITION (Name of Cannetby or Grantsville)   20a. DISPOSITION (Name of Cannetby or Grantsville)   20a. DISPOSITION (Name of Cannetby or Grant	Wi1	liam Daymude	19b. MAILING	G ADDRESS (S	(Unknow	vn)			Code)	
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23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory arrest, about, or heart fellure. List ship one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	4 Donation 5 Other (S)	3 Removal from State	other place)	lle C	emetery ME AND ADDRESS OF FA	ACILITY	Gra	ntsvi		
## Sequentially list conditions, if any, leading to immediate cease. Enter MDERILYMS  Sequentially list conditions, if any, leading to immediate cease. Enter MDERILYMS  OUE TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  OUE TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO (OR AS A CONSEQUENCE OP):  DUT TO	23. PART I. Enter the dise	na 7 kuma	ed the deeth. Do	155	Main St	Grant	sville	MD		
25. WAS CASE REFERRED TO MEDICAL    PERFORMED?   1   YES 2   NO	iMMEDIATE CAUSE (Fine disease or condition resulting in deeth)  Sequentielly list condition if any, leading to immediaceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DOE TO (OR AS  DOE TO (OR AS  DUE TO (OR AS  LUNG	A CONSEQUENCE CO	OF): CER						Onset end Des
EXAMINER?  1   YES 2   MO  27. MANNER OF DEATH  1   Natural   5   Pending Investigation   28a. DATE OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY	PART II. Other algoliticent	conditione contributing to deeth	but not resulting	In the unde	erlying ceuse given in		PERFOR	MED?	AM CC OF	AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?
27. MANNER OF DEATH    Natural   5	EXAMINER?	HOSPITAL:	utmitlent 2   DOA							
3 Sulcide 4 Nomicide 5 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beet of my knowledge, death occurred at the time, date and piece, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 29d. DATE SIGNEO (Month, Day, Year) 29d. DATE SIGNEO (Month, Day, Year) 29d. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 29d. DATE SIGNEO (Month, Day, Year) 29d. DATE SIGNEO (Month, Day, Year) 29d. DATE SIGNEO (Month, Day, Year) 29d. DATE SIGNEO (Month, Day, Year) 29d. DATE SIGNEO (Month, Day, Year) 29d. DATE SIGNEO (Month, Day, Year) 29d. DATE SIGNEO (Month, Day, Year) 29d. DATE SIGNEO (Month, Day, Year) 29d. DATE SIGNEO (Month, Day, Year) 29d. DATE SIGNEO (Month, Day, Year) 29d. DATE SIGNEO (Month, Day, Year) 29d. DATE SIGNEO (Month, Day, Year) 29d. DATE SIGNEO (Month, Day, Year) 29d. DATE SIGNEO (Month, Day, Year) 29d. DATE SIGNEO (Month, Day, Year) 29d. DATE SIGNEO (Month, Day, Year) 29d. DATE SIGNEO (Month, Day, Year) 29d. DATE SIGNEO (Month, Day, Year) 29d. DATE SIGNEO (Month, Day, Year)	27. MANNER OF DEATH  1 Natural 5 Pe	28s. DATE OF INJUR (Month, Day, Year	Y 28b. Til	ME OF 2	8c. INJURY AT WORK?	_		JURY OCC	UREO	
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D30035 ►8/29/9/  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Donald R. Richter, M.D., Oakland, MD 21550  31. DAJE FILEO (Morith, Day, Your)  12. BEGISTRAR'S SIGNATURE	(Check only									nd manner ee stated.
Donald R. Richter, M.D., Oakland, MD 21550  31. DATE FILEO (Month, Day, Year) 9 (32, BEGISTRAR'S SIGNATURE)	Ponal	d K Kichter	m					29d, DATE	SIGNEO (M.	onth, Day, Year)
	Donald R	Richter, M.D.,	Oakland		21550					

	1. DECEDENT'S NAME (First, Middle, Las					OF DEATH	2. DATE	OF OEATH			3. TIME OF OEA
	JERMAINE	S			DAY		0 9		19	YEAR 91	7:25
	4. SOCIAL SECURITY NUMBER 215-29-5731	5. SEX	8. AGE (In yrs. Is	est birthday) YRS.	FUNDER 1 YE	EAR IF UNDER 24 HRS. AYS HOURS MIN.	. 7. DATE (Mont	OF BIRTH h, Day, Year)		8. BIRTH Country	PLACE (State or F
	9e. FACILITY NAME (If not institution, give	e street and number)				WN OR LOCATION OF		14 1		IT A N	
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¥	10+. STREET AND NUMBER	III III III	T II	1 11.	TPPEK	101. ZIP CODE			10g. CITIZ	ZEN OF W	1 YES 2 HAT COUNTRY?
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111	15. DECEDENT'S ED (Specify only highest graves) Elementary/Secondery (0-12)	College (1-4 or 5+	(1	ECEDENT'S Give kind of v to Do NOT us	USUAL OCCUP work done during se retired.)	PATION ig most of working	16b	KIND OF BU	SINESS/IND		
COMPLI	17. FATHER'S NAME (First, Middle, Last)										
		17				18. MOTHER'S N					
BE	TERRY A. DA  19a. INFORMANT'S NAME (Type/Print)	. <u>Y</u>						SAMPS			
2	GLORIA DAY					reet and Number or Rura					
	20e. METHOD OF DISPOSITION					CA ANN C					
	1 St Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from Stata	cemetery, cr	rematory or ot	OF DISPOSITION	N(Name of URCH CEM	9 -8	-	CATION - C		the statement
	21. SIGNATURE OF FUNERAL SERVICE L	LICENSEE	SALEN	1 U.r					LEM,		
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		UW			22. NAM	IE AND ADDRESS OF F	FACILITY 8	21 WE	EST S	MD	ANNAP8
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	23. PART I. Enter the diseases, or ehock, or heart fellure immediate CAUSE (Finel disease or condition resulting in death)	e. Liet only one caus	se on eech iin	ė.	REI	ESE & SO	NS M	ORTH	RY.	P . A	
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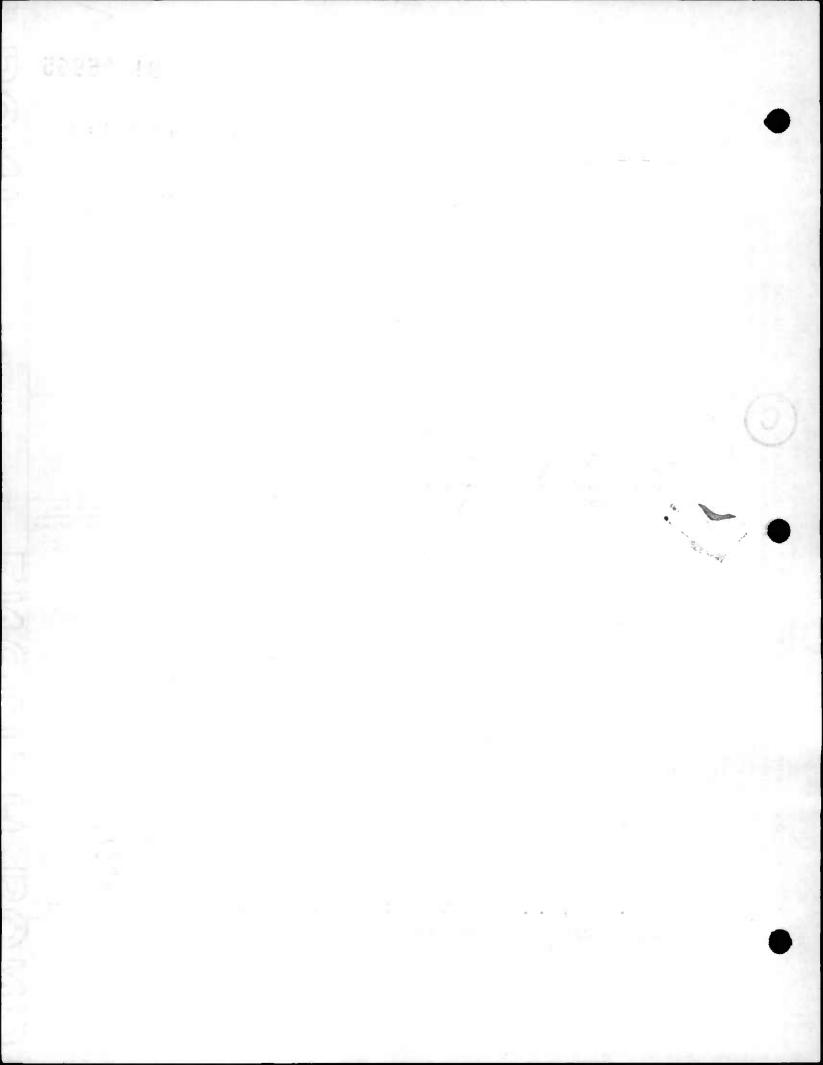
	1 - STATE REGISTRAR	STATE OF MAR	YLAND / [ CEI	DEPARTMI RTIFICA	ENT OF H	EALTH AND		HYGIENE REG. NO.		1 Cm	1704
	1. DECEDENT'S NAME (First, Middle, Last) FRANKLIN				OR,JF		2. DATE OF		91	AR .	OF DEATH
	4. SOCIAL SECURITY NUMBER 221 36 5481	5. SEX 6. A	GE (In yrs. last t		NDER 1 YEAR	7. DATE OF (Month, D	09 04 91 5;20 P  7. DATE OF BIRTN (Month, Day, Year) 01-22-1949  DE				
OR	90. FACILITY NAME (If not institution, give to MD.rte 290 &MD			96.	CITY, TOWN C			9c. COUNTY			
DIRECTOR	10a. STATE 10b. COUNT	x Kent		10c, CITY, TO					10d. INSI	TS?	
FUNERAL	100. STREET AND NUMBER	xent			Hart	ZIP CODE				OF WHAT COU	1 2 X NO NTRY?
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	FORCES? 1 X Y	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ★ YES 2 NO If Yes, GIVE WAR OR DATES  Vietnam  13. WAS DECENDENT OF HISI If yes, specify Cuban, Mex 1 YES 2 ★ NO Specific Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Co						or No- 14. F	USA RACE — Americ Black, White, at Specify: Whit	c.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION	16a. DECE (G/ve	EDENT'S USUA kind of work d to NOT use retin	one during mo		18b. Kii	ND OF BUSH	NESS/INDUSTF		.e
OMPL	17. FATHER'S NAME (First, Middle, Last)	4	В	rick N	lason				ructio	n	
BE C	Franklin Ector	r, Sr.				16. MOTHER'S NA			urname)		
5	19a. INFORMANT'S NAME (Type/Print)  Mrs. Jeanne A.	Ector		MAILING ADDI		nd Number or Rural	Route Number,	City or Town,	State, Zip Code	)	
	20a. METNOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Ram 4 Donation 5 Other (Specify)		206. PLACE AND COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMENT OF THE COMMEN	D DATE OF DIS	POSITION /Na	me of	9/9		rna,		
	21. SIGNATURE OF FUNERAL SERVICE LIV	CENSEE	oud I		22. NAME AN Mitche	D ADDRESS OF FA	Fune	ral H	ome, I	P.A.	
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdisc or reepirstory and shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditione, it sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								tory arreat,	Inta	roximate rval Between let end Death
PHYSICIAN: MEDICAL C	PART II. Other eigniticant condition	es contributing to deati	h but not read	ulting in the	underlying	ceuse given in		a. WAS AN AL PERFORMI	ED?	24b. WERE AUTO AVAILABLE COMPLETIO OF DEATH?	PRIOR TO ON OF CAUSE
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 V YES 2 NO	HOSPITAL:	hulpstlent 3 🗆	DOA 4	IER:	ACE OF DEATH (Ch		PO!	ADWAV		
B	27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could get by	29a. DATE OF INJUF (Month, Day, Yea 0 9 / 0 4 / 9 1 28a. PLACE OF INJU	1 4	186. TIME OF INJURY	26c. INJU WOI 1 1 Y	IRY AT RK? ES 2X NO	28d. DESCRI	BE HOW INJ	TRUC	K/TRU	IMPACT
ETED	4 Homicide Could not be determined	building, atc. (S	RC	ADWA	Y		RTE.	wn, State) 290 (	&RTE.	al Route Numbe	6
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI	CIAN: To the best of my kn	owledge, death tion and/or inve	occurred at ti	ne time, data : ny opinion, de	and place, and due eath occured at the	Io the cause(s	) and manne place, and c	or as stated. due to the cau	re(s) and mann	er as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIES	12				29c. LICENSE NUI		2		NED (Month, Day	; Y6er)
5	30. NAME AND ADDRESS OF PERSON-WH	O COMPLETED CAUSE OF	DEATH (ITEM 2			O.C.M.		TMOD		05/91	21221
	31. DATE FILED (Month, Day, Year), SEP 06 '91	32. REGISTRAR'S SI	GNATURE Davidson			STREET	DALT	TMOKI	C, MAR	LLAND	21201

HYLAND 21215-0020

if the detached for use as the burial-transit permit. Pages 1, 2, 3 should by the hospital or attending physician. 

TO BE COMPLETED BY FUNERAL DIRECTOR

REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	).	
DECEDENT'S NAME (First, Middle, Last)     CORA	A	EBER	SOLE		2. DATE OF DEATH SEPTEMBER	6, 19	3. TIME OF DEATH 12:45 P
4. SOCIAL SECURITY NUMBER 208-07-0781	1 □ M 2 🂢 F	(In yrs. lest birthday) 91 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11/2/18	99	BIRTHPLACE (State or Foreign Country)
9a. FACILITY NAME (If not institution, give  Memorial Hos  RESIDENCE OF DECEDENT			96. CITY, TOWN	RLAND	EATH	ALLEG	ANY
10s. STATE 10b. COUN	egany		ry, town on Local				10d. INSIDE CITY LIMITS? 1 🔀 YES 2 🗌 NO
10e. STREET AND NUMBER			10	r. ZIP CODE			N OF WHAT COUNTRY?
1 Baltimore S  11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	If yes, s		NIC ORIGIN? (Specify Youn, Puerto Rican, etc.)	US se or No 14	N. RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life, Do NOT to		ON ost of working	16b, KIND OF BI		
17. FATHER'S NAME (First, Middle, Last) Sherman	Amick	1 0101			ME (First, Middle, Maide rriet Fi	n Surname)	1
198. INFORMANT'S NAME (Type/Print)  Mrs. Jean Cub  208. METHOD OF DISPOSITION			Louisi	ana Ave		erland	ode)  N MD 21502  by or Town, State
1 N Burlel 2 Cremation 3 Rei 4 Donation 5 Other (Specify)	- F	isherto	wn Ceme	er Chap	9/9 Fi	shert he Hi	own, PA
IMMEDIATE CAUSE (Final		dach line.		. T		1	Onset and De
Sequentially list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	с		OF):	the 20	Ventru	culan	Onset and De
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YES 2 NO	Part I. 24s. WAS A PERF( 1 YES  1 Other (Specify)  28d. DESCRIBE HOW  28f. 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WERE AUTOPSY FINDIN AMALABLE PRIORI TO COMPLETION OF CAUSI OF DEATH?  1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions are sufficient conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS  C. DUE TO (OR AS  d	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONS	OF):  26. I OTHER: 4   Nursing Ho ME OF JURY M 1   , street, factory, off	PLACE OF DEATH (C) THE 6 Residence 1URY AT ORK? YES 2 NO	Part I. 24a. WAS A PERFÉ  1 YES  1 YES  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Rown, State of the cause(s) and me lime, data and place,	IN AUTOPSY PRIMED? 2 IN NO 1 INJURY OCCU It and Number of the ind the individual of the	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1 YES 2 NO PRED  PRED



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. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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REGISTRAR	SIATE OF MANT			F DEATH	MENTAL HYGIEN REG. NO	-	25966
1. DECEDENT'S NAME (First, Middle, Last) GERTRUDE L. FER					2. DATE OF DEATH MONTH SEPTEMBEI	R 4, 19	
4. SOCIAL SECURITY NUMBER 235 54 8272	1 🗆 M 2 😿 F	(In yrs. last birthday) 82 YRS.	IF UNDER 1 YEAR		July 25 1	909	NRTHPLACE (State or Foreign ountry)
9a. FACILITY NAME (If not institution, give SACRED HEART HO	16,400			OR LOCATION OF DI	EATH	9c. COUNTY ALLEG	
Md. All	egany		sternpo:				10d. INSIDE CITY LIMITS? 1 YES 24 NO
100. STREET AND NUMBER	Minnetonka Av	re.		21562		10g. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 M Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	If yes,			pa or No 14.	RACE — American Indian, Black, Whita, atc. Specify: White
15. DECEDENT'S EDI (Specify only highest grad	UCATION te completed) College (1-4 or 8+)		work done during use retired.)	most of working		USINESS/INDUST	
Unknown 17. FATHER'S NAME (First, Middle, Lest) Albert	Umstot	ranager	IN CHE	le Office	ME (First, Middle, Maide Clellie		
19a. INFORMANT'S NAME (Type/Print) Shirley War	rnick	406	Horser	ck Rd. We	Route Number, City or To Sternport	wn, State, Zip Coo	1562
20\( METHOD OF DISPOSITION 1 \( \text{Method Burial 2 } \cap \text{Crest etton 3 } \text{Rec} \) 4 \( \text{Donation } \( \text{A } \cap \text{Donation } \) 21. SIGNATURE OF TABLET ALL SERVICES	moval from Stata	Philips C	emetery	9-7	-91 W	esternp	
21. SIGNATURES TARREST SERVICE	LWWS	mil			K Funeral St., West		, Md. 21562
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO (OR AS	ty ed	un Ma	evan af	ane edale	uvysn- embol	Interval Between Onset and Da
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE		2 and	edule (	aute	9 Death
	one contributing to death			ring cause given in	Part I. 24e. WAS A	IN AUTOPSY DRMED?	24b. WERE AUTOPSY FINDIN
PART II. Other algorificant condition		ao (i'fn			1 YES	2 (2) 110	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	-4-2-1/	OTHER:	PLACE OF DEATH (C)	neck only one)	2 (2/NO	OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 DVNO  27. MANNER OF DEATH  1 Netural 5 Pending	HOSPITAL: 1 1 Inputent 2 ER/O 28a. DATE OF INJUR (Month, Day, Year	utpetient 3 DOA	OTHER: 4   Nursing I	PLACE OF DEATH (Cr lome 5 Residence INJURY AT WORK? YES 2 NO	neck only one)		COMPLETION OF CAUSI OF DEATH? 1  YES 2  NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 TO NO  27. MANNER OF DEATH	HOSPITAL:  1 Impertant 2 ER/Or  28a. DATE OF INJUR  (Month, Day, Year	utpetient 3 DOA Y 28b. Ti	OTHER: 4   Nursing I	lome 5 Residence INJURY AT WORK? YES 2 NO	s Other (Specify)	/ INJURY OCCUR	COMPLETION OF CAUSI OF DEATH?  1  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 TO NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  290. CERTIFIER (Check only)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Yes 2 TO NO.  26. CERTIFIER (Check only)  27. CERTIFIER (Check only)	HOSPITAL:  1 M Inpettent 2 = ER/Or  28a. DATE OF INJUR (Month, Day, Year)  28a. PLACE OF INJU	utpatient 3 DOA  Y 28b. Ti P RY — At home, farm	OTHER: 4 Nursing I ME OF 28c. JURY M 1   street, factory, c	lome 5 Residence INJURY AT WORK? YES 2 NO ffice	8 Other (Specify) 28d, DESCRIBE HOW 28f, LOCATION (Street City or Fown, State to the cause(a) and m	of INJURY OCCUR	COMPLETION OF CAUSI OF DEATH?  1  YES 2 NO  ED  Rural Route Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 TO NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  290. CERTIFIER (Check only)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:  1 Minpettert 2 = ER/Or  28a. DATE OF INJUR (Month, Day, Year  28c. PLACE OF INJU building, etc. (S)  SICIAN: To the best of my kne NER: On the best of axamination	utpetient 3 DOA  Y 28b. Ti th  RY — At home, farm  poc/ly)  owledge, death occur  tion and/or investigat	OTHER: 4   Nursing I ME OF 28c, UURY M 1  1, street, factory, c	lome 5 Residence INJURY AT WORK? YES 2 NO ffice	a to the cause(a) and place,  MBER	of and Number or leading to the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the cont	COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  ED  Rural Route Number,

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must be notified at once.

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DIVISION OF VITAL PECONDS, F.O. BOA 86789,	NIC	Aft	60
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after than the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral as the fleet within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removed.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical extraction
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	FOR STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR CERTIF						YGIENE EG. NO.	9	1	23301
	1. DECEDENT'S NAME (First, Middle, Last) LINDA KAY	GRAY						2. DATE OF SEPTEM	DEATH DAY	6, 19 ⁸ 9	AR I	3. TIME OF DEATH 05:30am M
	4. SOCIAL SECURITY NUMBER  219-44-0149  9s. FACILITY NAME (If not institution, give size	1 🗆 M 2 🗔 F	AGE (In yrs. lest birthday) 46 YRS.	IF UNDER	DAYS	HOURS	MIN,	7. DATE OF I (Month, De 3-8	y, Year)	9c. COUNTY	Ma:	ryland
OR	SACRED HEART HO	CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE				AND,				ALLE		
DIRECTOR	RESIDENCE OF DECEDENT  104. STATE  10b. COUNTY  W. V. Mino		10c. CIT	Y, TOWN O								10d. INSIDE CITY LIMITS?
AL D	10e. STREET AND NUMBER			Ride		ZIP CODE				10g. CITIZEN		1 X YES 2 NO
FUNERAL	Rt 1 Box 475	12. WAS DECEDENT E	VER IN U.S. ARMED				F HISPAN	HC ORIGIN? (S		or No.— 14.	JSA RACE -	- American Indian
B	1 Never Married 2 Married 3 Nidowed 4 Divorced	FORCES? 1 FYES, GIVE WAR	YES 2 NO			2 X NO		n, Puerto Rice y:	n, atc.)		Black, Specify:	White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	16e. DECEDENT'S (Give kind of life. Do NOT u	work done o	during mos	N st of workin	9	16b, KJf		kad ir		he home
NOC	17. FATHER'S NAME (First, Middle, Last)		111	Jucine	RCI	16. MOTH	IER'S NA	ME (First, Midd			LL	ire frome
BE (	Walter E. C	rowe					lann:			Arnol		
2	Robert Lee Gra	v	1					W.V.		, State, Zip Coo	(o)	
	20a, METHOD OF DISPOSITION  1 Surial 2 Cremation 3 Remo		206. PLACE AND DAT of cemetary, crematory Rest Law	E OF DISP	OSITION lace)	(Name		DATE	20c. LOC	ation – city		
	21. SMINITURE OF FUNERAL SERVICE LICE	ENSEE /	) Rest Bar	22.	NAME AN	D ADDRES	SS OF FA	CILITY SC	arpel		nera	al Home
	23. PART I. Enter the diseases, or catook, or heert fellure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	Metas	on sech lins.	esiy					or respir	etory srrest,		Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		R AS A CONSEQUENCE O	•								
PHYSICIAN: MEDICAL C	PART II. Other significant conditions	s contributing to d	eath but not resulting	In the Un	iderlying	g cause (	given in		PERFORI	MED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 ☐ YES 2 ☑ NO	HOSPITAL:		OTHE	R:			neck only one)				
ву рнуз	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF IN (Month, Day,	ER/Outpatient 3 DOA  IJURY Year) 28b. Til IN		28c. INJ WO			8 Other (S	-	JURY OCCUR	ED	
	3 Suicide 8 Could not be 4 Homicide detarmined	28s. PLACE OF building, et	INJURY — At home, farm, c. (Specify)	street, fact	tory, offic				ON (Street as own, State)	nd Number or F	iural Ro	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSIC MEDICAL EXAMINED										iuse(s)	and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIEF	adl					IS IS			≥ 9d. DATE SI		(Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WING RAGAA FADL, MD			o, Print)	DI AN	D M	ר כת	502				
		32 REGISTRAR		OTIDE	KLAN	υ, M	12 ل	. 302				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mounts after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year) SEP 1 0 1991

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Barranco Funeral Home Severna Park MD 2114  23. PART I. Enter the diseases, or complications that operate the death. Do not enter the mode of dying, such as cardiac or respiratory streat, shock, or heart feliure. List only one cause for each line.  IMMEDIATE CAUSE (Fine)  disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  a. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE		1 Ruriel 2 Commetten 3 Rem	oval from State	20b. PLACE Copper pla	OF DISPO	idge	Men	netery, cremate 1. PK.	ory or	Don	sey, 1	MD .	
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PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I.  24b. WAS AN AUTOPSY PERFORMED?  1   YES 2   NO    25b. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO    25c. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO    25c. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO    25c. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO    25c. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO    25c. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO    25c. WAS CASE REFERRED TO MEDICAL EXAMINER?  25c. WAS CASE REFERRED TO MEDICAL EXAMINER?  25c. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO    25c. WAS CASE REFERRED TO MEDICAL EXAMINER?  26c. PLACE OF DEATH (Check only one)  26c. NJURY AT WORK?  1   YES 2   NO    26c. NJURY AT WORK?  1   YES 2   NO    26c. NJURY AT WORK?  1   YES 2   NO    26c. NJURY AT WORK?  1   YES 2   NO    26c. NJURY AT WORK?  1   YES 2   NO    26c. NJURY AT WORK?  26c. NJURY AT WORK?  1   YES 2   NO    26c. NJURY AT WORK?  26c. NJURY AT WORK?  26c. NJURY AT WORK?  26c. NJURY AT WORK?  26c. NJURY AT WORK?  26c. NJURY AT WORK?  26c. NJURY AT WORK?  26c. NJURY AT WORK?  26c. NJURY AT WORK?  26c. NJURY AT WORK?  26c. NJURY AT WORK?  26c. NJURY AT WORK?  26c. NJURY AT WORK?  26c. NJURY AT WORK?  26c. NJURY AT WORK?  26c. NJURY AT WORK?  26c. NJURY AT WORK?  26c. NJURY AT WORK?  26c. NJURY AT WORK?  26c. NJURY AT WORK?  26c. NJURY AT WORK?  26c. NJURY AT WORK?  26c. NJURY AT WORK?  26c. NJURY AT WORK?  26c. NJURY AT WORK?  26c. NJURY AT WORK?  26c. NJURY AT WORK?  26c. NJURY AT WORK?  26c. NJURY AT WORK?  26c. NJURY AT WORK?  26c. NJURY AT WORK?  26c. NJURY AT WORK?  26c. NJURY AT WORK?  26c. NJURY AT WORK?  26c. NJURY AT WORK?  26c. NJURY AT WORK?  26c. NJURY AT WORK?  26c. NJURY AT WORK?  26c. NJURY AT WORK?  26c. NJURY AT WORK?  26c. NJURY AT WORK?  26c. NJURY AT WORK?  26c. NJURY AT WORK?  26c. NJURY AT WORK?  26c. NJURY AT WORK?  26c. NJURY AT WORK?  26c. NJURY AT WORK?  26c. NJURY AT WORK?		disease or condition	s. Q	from a consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consecutive of the consec	OUENCE C	_4^	ph	ocyte	c	Leuker	nia		6 years
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PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I.  24b. WAS AN AUTOPSY PERFORMED?  1	ERTIFIC	that initieted events	DUE TO	(OR AS A CONSEC	UENCE C	F):							
29b. SIGNATURE AND TITLE OF CERTIFIER    M   1   YES   2   NO	_	PART II. Other significant condition	s contributing to	deeth but not re	esulting	in the u	nderiyin	g csusa glv	van in P	PERFO	RMED?	AM	AILABLE PRIOR TO OMPLETION OF CAUSE
29b. SIGNATURE AND TITLE OF CERTIFIER    M	AN: ME											11	TYES 2 NO
29b. SIGNATURE AND TITLE OF CERTIFIER    M   1   YES 2   NO	SICI	EXAMINER?		☐ ER/Outpatient 3	□ DOA		R:						
3 Suicide 4 Homicide 8 Could not be determined  299. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the baset of my knowledge, death occurred at the time, data end place, and due to the cause(s) and manner as stated.  299. SIGNATURE AND TITLE OF CERTIFIER  290. SIGNATURE AND TITLE OF CERTIFIER  290. LICENSE NUMBER  290. DATE SIGNED (Month, Dey, Year)		1 Netural 5 Pending	28e. DATE Of (Month, L	F INJURY Day, Year)	28b. TII	AE OF	28c. IN.	JURY AT	:		NJURY OCCU	REO	
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	BE	Enses W	Reik	MI						DER .	29d. DATE :	SIGNED M	onth, Day, Year)

SCOMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

51 FRANKUN ST

Julia Davidson Randala

ANNAPOLIS

md

	REGISTRAR			CERTIF	ICALE OF	- DEATH	REG. NO		
	1. DECEDENT'S NAME (	First, Middle, Last)		1111			2. DATE OF DEATH		3. TIME OF DEATH
- 1	Richard		н	Car	ffnov		moitin by	TEM:	11:30om
- 1						IF UNDER 24 HRS.			RTHPLACE (State or Foreign
					MONTHS BAYS		(Month, Day, Year)	Co	untry)
-				71 ''''					MD
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PI 5	1019 Ri	o Lane			Sever	na Park		Anne	Arundel
		-							
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4					1		-1.1-		F WHAT COUNTRY?
1 65	1019 Ri	o Lane				21	146	U.S	.A.
13	11. MARITAL STATUS		12. WAS DECEDENT EV	ER IN U.S. ARMED	13. WAS DE	ECENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No- 14, R	ACE — American Indian,
	1 Never Married 2	Merried	FORCES? 1	YES 2 NO	If yes, s	specify Cuban, Maxica	an, Puarto Rican, atc.)	8	leck, White, etc.
<u>a</u>	3 Widowed 4	Divorced			'''	S 2 NO Specia	у.	٥	White
0				18a. DECEDENT'S	USUAL OCCUPAT	TION	18b. KIND OF BU	S/NESS/INDUSTR	
I E				(Give kind of	work done during n	most of working			
1 2	Elementary/Seconda	ry (0-t2)	College (1-4 or 5+)	-					
9 ₹	10			Prec	ise Surv				
5 8	17. PAIRER'S NAME (FIR	st, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)	
			ev			Bessy	e Pfaff		
9 0	19a. INFORMANT'S NAM	NE (Type/Print)		19b. MAILING	G ADDRESS (Street	t and Number or Rural	Route Number, City or Tow	n, State, Zip Code	)
E F	Mr. Rob	ert D.	Gaffnev	1039	Rio Lar	ne	Severn	a Park	MD 21146
8	200 METHOD OF DISPO	SITION		20b. PLACE OF DISPO					
Snu			noval from State	other place)			0		100
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듵	(7)(						495		ethi
ex	1 46	+ AL	Sama		Barra	anco Fune	ral Home S	everna i	Park MD 21146
23	23. PARTA, Enter th	e diseasea, or	complications that car	used the death. Do	not anter the m	node of dylng au	ch as cerdiac or reen	iretory errest	Approximate
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			n + 1	1100	, ,	1 . /	2	man	Onset and Death
-	resulting in deeth)	" <del></del>	. Cloust	cetic t	tourle	costic (	-allinon	at tell	not amas -
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힅길	PART ii. Other aignl	ficant condition	na contributing to dee	th but not resulting	in the underly	ing cause given in			24b. WERE AUTOPSY FINDINGS
≥ 3							1	~	AVAILABLE PRIOR TO COMPLETION OF CAUSE
				<del></del>			T U YES	S NO	OF DEATH?
2 -							—		1 U YES 2 NO
2 2									
E 5		ED TO MEDICAL	HOSBITAL			PLACE OF DEATH (C	heck only one)		
1 5		)		/Outpetient 3 DOA		oma 5 Residence	8 Other (Specify)		
을 출	27. MANNER OF DEATH		28a. DATE OF INJU		ME OF 28c. I	NJURY AT	28d. DESCRIBE HOW	INJURY OCCURE	0
	1 Natural 5	Pending	(Month, Day, Y	oar) IN		WORK?			
T P				IIIBV - At home form			28f. LOCATION (Street	and Number or Ri	15 . 4 .
B 3	2 Accident	Investigation	28n. PLACE OF IN						
s ma	2 Accident 3 Suicide 8	Could not be	28s. PLACE OF IN- building, stc.	(Specify)	, street, ractory, or	IICII	City or Town, State		irai Houte Number,
s ma	2 Accident	Could not be	28s, PLACE OF IN- building, stc.	(Specify)	, street, ractory, or	iica			rai Houte Number,
tem 28 Is ma	2 Accident 3 Suicide 8 4 Homicide	Could not be datermined	28a, PLACE OF IN- building, atc.	(Specify)			City or Town, State	)	irai Houte Number,
It item 28 Is ma	2 Accident 3 Suicide 8 4 Homicide  29s. CERTIFIER (Check only	Could not be datermined	SICIAN: To the beat of my	(Specify) knowledge, death occur	rred at the time, de	eta and place, and du	City or Town, State	nner as atated.	rse(s) and menner as stated.
It item 28 Is ma	2   Accident 3   Suicide 4   Homicide  29a. CERTIFIER (Check only one) 2	Could not be determined	SICIAN: To the beat of my	(Specify) knowledge, death occur	rred at the time, de	ata and place, and du	City or Town, State  a to the ceuse(a) and ma a time, date and place, e	nner as stated.	ree(s) and menner as stated.
It item 28 Is ma	2 Accident 3 Suicide 8 4 Homicide  29s. CERTIFIER (Check only	Could not be determined	SICIAN: To the beat of my	(Specify) knowledge, death occur	rred at the time, de	eta and place, and du	City or Town, State  a to the ceuse(a) and ma a time, date and place, e	nner as atated.	rse(s) and menner sa stated.
PORTANT: It item 28 is ma BE COMPLETED BY	2   Accident 3   Suicide 4   Homicide  29a. CERTIFIER (Check only one) 2	Certifying Phy.  MEDICAL EXAMIN	SICIAN: To the best of my IER: On the bests of exami	knowledge, death occur	red at the time, do	ata and place, and du	City or Town, State  a to the ceuse(a) and ma a time, date and place, e	nner as stated.	ree(s) and menner as stated.
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PORTANT: It item 28 is ma BE COMPLETED BY	2   Accident 3   Suicide 4   Homicide  29a. CERTIFIER (Check only one) 2    29b. SIGNATURE AND 1  30. NAME AND ADDRES  31. DATE FILED (Month,	Could not be determined  CERTIFYING PHY MEDICAL EXAMINATION  OF CERTIFI  ASS OF PERSON IN	SICIAN: To the best of my NER: On the best of exami	knowledge, dasth occur instition and/or investiget	red at the time, do	ata and place, and du	City or Town, State  a to the ceuse(a) and ma a time, date and place, e	nner as stated.	ree(s) and menner as stated.
	ws any injury, or othe IEDICAL CERTIF	1. DECEDENT'S NAME (Richard 4. SOCIAL SECURITY N 215-12-99. FACILITY NAME (Wind 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 1019 Richard 101	1. DECEDENT'S NAME (First, Middle, Leat)  Richard  4. SOCIAL SECURITY NUMBER  215-12-3244  9a. FACILITY NAME (If not institution, give  1019 Rio Lane  RESIDENCE OF DECEDENT  10b. COUNT  MD  An  10c. STREET AND NUMBER  10l9 Rio Lane  11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced  15. DECEDENT'S EDI (Specify only highest grad  Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Lest)  Harry C. Gaffn  19a. INFORMANT'S NAME (First, Middle, Lest)  Harry C. Gaffn  19a. INFORMANT'S NAME (First, Middle, Lest)  1 Donation 5 Other (Specify)  21. SIGNAUMI OF POVERAL SERVICE L  23. PART A. Enter the diseasea, or shock, or heart feilure idisease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in deeth) LAST  PART II. Other significant conditions  PART II. Other significant conditions	1. DECEDENT'S NAME (First, Middle, Last)  Richard  4. SOCIAL SECURITY NUMBER  215-12-3244  9s. FACILITY NAME (If not institution, give street and number)  1019 Rio Lane  RESIDENCE OF DECEDENT  10b. COUNTY  Anne Arundel  10. STREET AND NUMBER  1019 Rio Lane  11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVENTS. EDUCATION  (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  17. FATHER'S NAME (First, Middle, Last)  Harry C. Gaffney  19a. INFORMANT'S NAME (Type/Print)  Mr. Robert D. Gaffney  20a. METHOD OF DISPOSITION  1 Burisl 2 Cremation 3 Removal from State  4 Donaston 5 Other (Specify)  21. SIGNAUMIN OF PORERAL SERVICE LICENSEE  23. PARTAL Enter the diseases, or complications that can shock, or heart feiture. List only one cause of shock, or heart feiture. List only one cause of shock, or heart feiture. List only one cause of shock, or heart feiture. List only one cause of shock, or heart feiture. List only one cause of shock, or heart feiture. 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Sever   S. Sever   S. AGE (fir yrs. last brindey)   F. UNIGES 1 YEAR   F. UNIGES 2 HARD.  MONTHS   DAY HOUND   HIND.  71 YRS.   MONTHS   DAY HOUND   HIND.  71 YRS.   MONTHS   DAY HOUND   HIND.  71 YRS.   MONTHS   DAY HOUND   HIND.  71 YRS.   MONTHS   DAY HOUND   HIND.  71 YRS.   MONTHS   DAY HOUND   HIND.  71 YRS.   MONTHS   DAY HOUND   HIND.  71 YRS.   MONTHS   DAY HOUND   HIND.  71 YRS.   MONTHS   DAY HOUND   HIND.  72 YRS.   MONTHS   DAY HOUND   HIND.  73 YRS.   MONTHS   DAY HOUND   HIND.  74 YRS.   MONTHS   DAY HOUND   HIND.  75 YRS.   WIS DECEDENT   HIND.  76 AGE (fir yrs. last brindey)   F. UNIGES 1 YEAR IN HIND.  77 YRS.   MONTHS   DAY HOUND   HIND.  78 SEVERIA PARK  100. ZIP CODE  101. ZIP CODE  110. NASTRET AND NUMBER  101. ZIP CODE  110. NASTRET AND NUMBER  101. ZIP CODE  110. NASTRET AND NUMBER  101. ZIP CODE  110. NASTRET AND NUMBER  101. ZIP CODE  110. NASTRET AND NUMBER  101. ZIP CODE  110. NASTRET AND NUMBER  102. ZIP SEVERIAL SERVICE DUCATION  110. 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DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	(
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 mm	permit. Pages 1, 2, 3 month
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	I
IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	0

1. DECEDENT'S NAME (First, Middle, L	ast)	GRIFI	Ely	/			2. DATE OF DEATH	8 -	91	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest t	oirthday)	IF UNDER 1 YEAR	IF UNDER		7. DATE OF BIRTH (Month, Day, Year	1	8. BIRTHPLACE (State or office Country)	
241-10-9884	1 🗌 M 2 💢 🖟	85	YRS.	MONTHS DAYS	HOURS	MIN.	1-26-1906		North Carolina	
9a. FACILITY NAME (If not institution,	give street and number)			9b. CITY, TOWN C	R LOCATI	ON OF DE	ATH	9c. CO	UNTY OF	DEATH
Baltimore Coun		Hospital		Rand	alls	town			Balt	imore
RESIDENCE OF DECEDENT 10a. STATE 10b. CO			100 017	Y, TOWN OR LOCAT	1011					10d. INSIDE CITY
Maryland	and 10b. COUNTY					1 L d	0.40			LIMITS?
10e. STREET AND NUMBER				1 404	. ZIP COD	ltime	ore	100 0	TIZEN OF	1 X YES 2 NO
	Hallwood R	024		""	. 211 000	_	228	log. Ca	U.S	
11. MARITAL STATUS		IT EVER IN U.S. ARMI	ED	13. WAS DEC	ENDENT C		ととい IIC ORtGIN? (Specify	Yes or No-	1	• E - American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2 NO		tf yes, sp		n, Maxica	n, Puarto Rican, atc.		Spec	k, White, atc.
15. DECEDENT'S		16a. DECI	EDENT'S	USUAL OCCUPATION	ON .		16b. KIND OF	BUSINESS/II	NDUSTRY	
(Specify only highest Elementary/Secondary (0-12)	College (1-4 or 5	Iffe E	o NOT u	work done during mo se retired.)	st of worki	ng				
11		5	Sale	s person			Reta	ail:D∈	part	ment Store
17. FATHER'S NAME (First, Middle, Las.					18. MOT		ME (First, Middle, Ma			
	Howard B	ullard				Kat	hrine Jo	nes		
19a. INFORMANT'S NAME (Type/Print)							Route Number, City or			
Barbara Davi	S	14	108	Hallwood	Roa	d B	altimore	,Maryl	.and	21228
20s. METHOD OF DISPOSITION 1 Surial 2 Cremation 3	Removal Imm State			E OF DISPOSITION	(Name			LOCATION -		,
4 🗍 Donation 5 🗆 Other (Specify)				or other place) metery			9/11 A	yden, N	Worth	Carolina
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE			22. NAME A	ND ADDRE	SS OF FA	Marzi	ullo F	uner	al Service
> mulant	may 1	1		3981	Carr	011+				laryland 21
Sequentielly liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	O (OR AS A CONSEOL	JENCE O	F):	rat	- 0	(804)	50		
PART II. Other significant cond		deeth but not received for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the second for the secon	sulting		g couse		PEF	S AN AUTOPS FORMED? S 2 NO	Y 24	b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC				26. P	LACE OF D	DEATH (Ch	eck only one)			
EXAMINER?  1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	DOA	OTHER: 4 - Nursing Hon	10 5 □ R	esidence	8 Other (Specify)			
27. MANNER OF DEATH	28s. DATE Of	F INJURY Day, Year)	28b. TII	NE OF 28c. IN.	JURY AT	-	28d. DESCRIBE H	OW INJURY O	CCURED	
1 Natural 5 Pending		- v, 100/			YES 2 [	□ NO				
3 Suicide 8 Could no	Duliding, agc. (Spacky)				ia.		28t. LOCATION (St City or Town, S	itreet and Number or Rural Route Number, State)		
3 Suicide 4 Homicide 4 Homicide 29a. CERTIFIER (Check enly one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinton, death occurred at the time, data and place, and due to the cause(a) and manner se at the time, data and place, and due to the cause(a) and manner se at the time, data and place, and due to the cause(a) and manner se at the time, data and place, and due to the cause(a) and manner se at the time, data and place, and due to the cause(a) and manner se at the time, data and place, and due to the cause(a) and manner se at the time, data and place, and due to the cause(a) and manner se at the time, data and place, and due to the cause(a) and manner se at the time, data and place, and due to the cause(a) and manner se at the time, data and place, and due to the cause(a) and manner se at the time, data and place, and due to the cause(a) and manner se at the time, data and place, and due to the cause(a) and manner se at the time, data and place, and due to the cause(a) and manner se at the time, data and place, and due to the cause(a) and manner se at the time, data and place, and due to the cause(a) and manner se at the time, data and place, and due to the cause(a) and manner se at the time, data and place, and due to the cause(a) and manner se at the time, data and place, and due to the cause(a) and manner se at the time, data and place, and due to the cause(a) and manner se at the time, data and place, and due to the cause(a) and manner se at the time, data and place, and due to the cause(a) and manner se at the time, data and place, and due to the cause(a) and manner se at the time, data and place, and due to the cause(a) and manner se at the time, data and place, and due to the cause(a) and the time, data and place, and due to the cause(a) and the time, data and place, and due to the cause(a) and the time, data and place, and due to the cause(a) and the time, data and place, and due to the cause(a) and the time, data and place, and due to the cause(a) and due to the cau									(s) and manner as stated	
29b. SIGNATURE AND TITLE OF CER	TIFIER				29c. LIC	ENSE NUI	MBER	29d. D	ATE SIGNE	D (Month, Dey, Year)
Ca.	mas	M	)		E	190	502	•	9-	6-91
30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CAL	ISE OF DEATH (ITEM	27) (Typ	e, Print)	^			_		
0	3 CONT.	NAW 1	w	, /3	26,	4	RANDA	esta	Desa	rest. 210

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		ined by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, aith and Mental Hygiene prior to burial, cremation, or removal.
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R	lat t	and
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		1. DECEDENT'S NAME (First, Middle, Lest)  Leota Mae				****					2. DATE OF OEATH DAY September 12,1991 3. TIME OF DEATH 4:09			
100		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. ia	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTHI	PLACE (State or Foreign	
		232-42-2679	1 🗆 M 2 💢 F	63	YRS.					Octobay 30°			t Virginia	
(WE)	œ	9e. FACILITY NAME (If not institution,		na Hama		9b, CITY		OR LOCATI		EATH	110000	NTY OF DE		
	5	Northampton M		ng nome			rre	deri	CK		F	rede	ri ck	
rt. Pages	DIRECTOR	Maryland 106. Co	Frederic	k	200 East 16th Stre					street			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
nsit permit.	FUNERAL	100. STREET AND NUMBER 200 East 16th Street 101. ZIP CODE 21701 102. CITIZEN OF WHAT COUNTRY U.S.A.												
215-0020 attending physician. se as the burial-transit	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		NT EVER IN U.S. A 1 YES 2 WAR OR DATES	RMEO NO	- 1	f yes, sp		n, Maxica	NIC ORIGIN? (Specify Y in, Puarto Rican, etc.) y:	ea or No—	14. RACE Black Specif	- American Indian, White, etc. y: White	
215-0 attending se as the	E	15. DECEDENT'S (Specify only highest		0	Give kind of work done during most of working					16b, KINO OF 8	USINESS/INC	DUSTRY		
AND 21 the hospital or detached for u	COMPLET	Elementary/Secondary (0-12) College (1-4 or 5 +)				naker					Home			
# EE	ш	17. FATHER'S NAME (First, Middle, Lass Raymond Sims	0							ME (First, Middle, Melde La Lipscom				
be retained by the set of should be at a notified at	TO B	19a. INFORMANT'S NAME (Type/Print) Carol A. Crigg	er		96. MAILING 527 (	c address Chest	nut	Gro	or Rural in	Aoute Number, City or Rd., Sharpe	wn, State, Zie Sburg	, Md	. 21782	
e 6 may rector, pa must b		20a. METHOD OF DISPOSITION  1	Removal from State	20b. PLAC Smith	E ANO OAT	or Cre	osition mate	Name	9-		ocation — thsbu		Maryland	
ALTIMORE, death. Page 6 may be funeral director, page i. examiner must be	į	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Allan A Ruby M00703  22. NAME AND ADDRESS OF FACILITY  Keeney & Basford P.A. Funeral Home  106 East Church St., Frederick, Md. 21701												
~ ~ ~		23. PART I. Enter the diseases			_								Md 21701	
hin 24 nours tely filled in mation, or re		23. PART I. Enter the diseases shock, or heart fail IMMEDIATE CAUSE (Final disease or condition resulting in death)		-eve-	. 0	opy	)						Interval Batween Onset and Death	
omp of ci	N	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury												
a clan	CATIC													
P.C. th certific ending pl I Hygiene or othe	CERTIFICATION	that initiated events resulting in desth) LAST  DUE TO (OR AS A CONSEQUENCE OF):												
the dea y the att of Menta		PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED?  AMALABLE PRIOR TO												
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									-		4		OF DEATH?  1 YES 2 NO	
law bept 23		25. WAS CASE REFERRED TO MEDIC	AL _		1		26. P	LACE OF G	DEATH (Ch	neck only one)				
_ F 8 8 6		EXAMINER? 1 YES 2 NO	☐ ER/Outpatient	3 DOA 4 Nursing Home 5 Residence 6 0						Other (Specify)				
DIVISION OF ALL OR ATTENDING PHY ALL DIRECTOR: After this 2 hours after death with frem 28 is market		27. MANNER OF OEATH  1 Natural 5 Pending 2 Accident investigs	28b, TH	ME OF	-Wi	JURY AT ORK? YES 2 [	□ NO	28d. DESCRIBE HOV	/ INJURY OC	CUREO				
		3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)									loute Number,			
	COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER; On the beats of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
TO THE HOSPIT TO THE FUNERA DE filed within 7 IMPORTANT: I	BE CC	29b. SIGNATURE AND TITLE OF CE	Then I	- M			F	290,410	ENSE NU	N LI	29d. DA	SIGNED	(Month, Day, Year)	
5 5 3 <b>X</b>	2	30, NAME AND ADDRESS OF PERSO		USE OF DEATH (IT					-	111		7/		
		Dr. James S. Grissom, M.D., 1475 Taney Avenue, Frederick, Md. 21702												
		31. DATE FILED-(MONTH, Day, Your)  SFP 1 3: 1991 Suidson-Rands												

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as. James S. Grissum, N.D., 1475 Taney Avenue, Frederick, Fo. 21782

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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10	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fut be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPC
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_	REGISTRAR	CERTI	ARTMENT OF HEALTH AND FICATE OF DEATH eth Hoffmaster	MENTAL HYGIENE REG. NO.	91 2	25972								
			2. DATE OF DEATH MONTH DAY	3 9/	3. TIME OF DEATH 9:15 A M									
	4. SOCIAL SECURITY NUMBER S. SEX 1 ☐ M :	/ / /	MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) 10/18/18	a Dimensi	PLACE (State or Foreign								
TOR	9a. FACILITY NAME (If not institution, give street and nu Frederick Memorial Horsesteens of Decement		9b. CITY, TOWN OR LOCATION OF C	EATN	9c. COUNTY OF DE									
DIRECTOR	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$													
FUNERAL	1326 Weverton Road	1326 Weverton Road 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY?  USA												
BY	11. MARITAL STATUS 12. WAS I	DECEDENT EVER IN U.S. ARMED DES? 1 ☐ YES 2 M NO IS, GIVE WAR OR DATES	13. WAS DECENDENT OF NISPA It yee, specify Cuban, Mexic 1  YES 2 N NO Speci	an, Puerto Ricen, etc.)	Yee or No. 14, RACE — American India									
MPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College	18a. DECEDENT (Give kind of life. Do NOT. 1 HOUSEW		166. KIND OF BUSI		MILLICE								
COMPL	17. FATHER'S NAME (First, Middle, Last)  Joseph Elmer Himes			AME (First, Middle, Melden S	Surneme)									
TO BE	19a. INFORMANT'S NAME (Type/Print)		G ADDRESS (Street end Number or Rural	Route Number, City or Town,	Stete, Zip Code)									
	Thomas L. Hoffmaster  20a. METNOD OF DISPOSITION 1 (X Burlel 2 Cremation 3 Removat from 5	20h PLACE AND DATE	Weverton Road -	DATE 200 1000	ATION ON T	LL PARK								
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  A L L L L L L L L L L L L L L L L L L	4 Donation 5 Other (Specify) Brownsville Heights Cem. 9/16 Brownsville Heights MD												
	23. PART I. Enter the diseases, or ophipications about, or heart failure. List only of immediate cause (Final disease or condition resulting in death)	ions that caused the death. Do one cause on each line.	not enter the mode of dying, suc UE HEART 1	ch as cardiac or reapire	etory arrest,	Approximata interval Between Oneat and Daath 5 y ears								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSEQUENCE O												
PHYSICIAN: MEDICAL O	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i.  Universe Tract Intection  Diabetes Mellithis  248. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO NO  1 YES 2 NO NO  1 YES 2 NO NO													
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 Inpetient 2 ER/Outpetient 3 DOA  26. PLACE OF DEATH (Check only one)  OTHER: 4 Nursing Home 5 Realdence 8 Other (Specify)													
ВУ РНУ	27. MANNER OF DEATN  1 Netural 5 Pending 2 Accident Investigation  280. DATE OF INJURY (Month, Day, Year)  280. TIME OF INJURY WORK?  1 VES 2 NO													
	3 Suicide 4 Homicide  8 Could not be determined  8 Could not be determined  28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, ferm, street, fectory, office City or Town, Stete)													
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O BE	296. SIGNATURE AND TITLE OF CERTIFIER  29C. LICENSE NUMBER  D 22037  P 9- 13-91													
	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  LINLAND GLO NINTH AVE BRUNSWICK, MD 21716													
	SEP 1'6 1991 July 24	32, BEGISTRAR'S SIGNATURE												

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218 - 14 - 2839		LAURA ELIZABETH HORNER															
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10. PRICE AND NUMBER   10. I. P. CODE   10. COLORITORY   11. MARTIAL STATUS   12. WAS DECEDENT EVER IN U.S., ARMED   12. WAS DECEDENT EVER IN U.S., ARMED   13. WAS DECEDENT OF HISPANIC CHORDY (Specify Yea or No. 1)   1. RACE _ American Indian, Status   1. WAS DECEDENT SUBJECT   12. WAS DECEDENT SUBJECT   12. WAS DECEDENT SUBJECT   12. WAS DECEDENT SUBJECT   12. WAS DECEDENT SUBJECT   12. WAS DECEDENT SUBJECT   12. WAS DECEDENT SUBJECT   12. WAS DECEDENT SUBJECT   12. WAS DECEDENT SUBJECT   12. WAS DECEDENT SUBJECT   12. WAS DECEDENT SUBJECT   12. WAS DECEDENT SUBJECT   12. WAS DECEDENT SUBJECT   12. WAS DECEDENT SUBJECT   12. WAS DECEDENT SUBJECT   12. WAS DECEDENT SUBJECT   12. WAS DECEDENT SUBJECT   12. WAS DECEDENT SUBJECT   12. WAS DECEDENT SUBJECT   12. WAS DECEDENT SUBJECT   12. WAS DECEDENT SUBJECT   12. WAS DECEDENT SUBJECT   12. WAS DECEDENT SUBJECT   12. WAS DECEDENT SUBJECT   12. WAS DECEDENT SUBJECT   12. WAS DECEDENT SUBJECT   12. WAS DECEDENT SUBJECT   12. WAS DECEDENT SUBJECT   12. WAS DECEDENT SUBJECT   12. WAS DECEDENT SUBJECT   12. WAS DECEDENT SUBJECT   12. WAS DECEDENT SUBJECT   12. WAS DECEDENT SUBJECT   12. WAS DECEDENT SUBJECT   12. WAS DECEDENT SUBJECT   12. WAS DECEDENT SUBJECT   12. WAS DECEDENT SUBJECT   12. WAS DECEDENT SUBJECT   12. WAS DECEDENT SUBJECT   12. WAS DECEDENT SUBJECT   12. WAS DECEDENT SUBJECT   12. WAS DECEDENT SUBJECT   12. WAS DECEDENT SUBJECT   12. WAS DECEDENT SUBJECT   12. WAS DECEDENT SUBJECT   12. WAS DECEDENT SUBJECT   12. WAS DECEDENT SUBJECT   12. WAS DECEDENT SUBJECT   13. WAS DECEDENT SUBJECT   14. WAS DECEDENT SUBJECT   14. WAS DECEDENT SUBJECT   14. WAS DECEDENT SUBJECT   14. WAS DECEDENT SUBJECT   14. WAS DECEDENT SUBJECT   14. WAS DECEDENT SUBJECT   14. WAS DECEDENT SUBJECT   14. WAS DECEDENT SUBJECT   14. WAS DECEDENT SUBJECT   14. WAS DECEDENT SUBJECT   14. WAS DECEDENT SUBJECT   14. WAS DECEDENT SUBJECT   14. WAS DECEDENT SUBJECT   14. WAS DECEDENT SUBJECT   14. WAS DECEDENT SUBJECT   14. WAS DECEDENT SUBJECT   14. WAS DECEDENT SUBJECT   14. WAS DE	Ì	Maryland	Fred	erick			Fred	erio	:k						NO		
11. Never March 2   Married 2   Married 2   Married 3   New 5 DECEMBET FOR NO. 2   1   Y85   2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO. 2   NO.	10g. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?																
Some Name   2   Married   Proceed   Proced   Proced   Proceed   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced   Proced	ı		ford														
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(Stock only highest grade completed)   College (14 of 8+)   College (14 of 8+)													W	hite			
## Buffers MAME (Pirst, Middle, Last)  William Ricks  ## MALING ADDRESS (Street and Number or Paural Nature, City or Town, State, 2p Code)  78.19 River Run Court Frederick, Maryland 21701  ## NATION OF DEPOSITION  ** Buffers MAME (Pirst, Middle, Maidlen Surname)  ## Nation of Deposition is a management of the prostition (Number or Paural Nature) Representation of the prostition (Number or Paural Nature) Representation of the prostition (Number or Paural Nature) Representation of the prostition (Number or Paural Nature) Representation of the prostition (Number or Paural Nature) Representation of the prostition (Number or Paural Nature) Representation (Number or Paural Nature)  ## Deposition is 0 the Green State of Nature or Deposition (Number or Paural Nature)  ## Deposition is 0 the Green State or Nature or Deposition (Number or Paural Nature)  ## Part					(	(Give kind of	work done			16b	KIND OF BU	JSINESS/INOUS	STRY				
William Ricks  198. INFORMANT'S NAME (TyperPrint)  JOAN MCGinnis  199. MALING ADDRESS (Street and Number or Rural Route Number City or Som, Steek, 2p Code)  JOAN MCGINIS  200. PLACE AND DATE OF DEPOSITION (Name of Deposition)  201. PLACE AND DATE OF DEPOSITION (Name of Deposition)  202. PLACE AND DATE OF DEPOSITION (Name of Deposition)  203. PLACE AND DATE OF DEPOSITION (Name of Deposition)  21. SIGNATURE OF PRERIAL SERVICE LICENSEE  THAT II. Enter the diseases, or confinite fictions that cause the death. Do not enter the mode of dying, such as cardisc or respiratory street, interval Between the shock, or heart fellure. List only one cause barbach line.  100 TO (On As A CONSEQUENCE OF):  22. NAME AND ADDRESS OF PACILITY  ROBERT E. Da'lley & Son, PA  1201 North Market Street Frederick 21701  23. PARTI II. Enter the diseases, or confiditions, that causes barbach line.  100 TO (On As A CONSEQUENCE OF):  24. WERE AUTOSEY FINANCE OF DEATH (Check only one)  25. WAS CASE REFERRED TO MEDICAL EXAMINET?  1 YES 2 NO DEATH  1 YES 2 NO DEATH  1 YES 2 NO DEPOSITE TO MEDICAL EXAMINET?  1 YES 2 NO DEPOSITE TO MEDICAL EXAMINET?  1 YES 2 NO DEATH  1 YES 2 NO DEATH  1 YES 2 NO DEATH  1 YES 2 NO DEATH  1 YES 2 NO DEATH  1 YES 2 NO DEATH  1 YES 2 NO DEATH  1 YES 2 NO DEATH  1 YES 2 NO DEATH  1 YES 2 NO DEATH  1 YES 2 NO DEATH  1 YES 2 NO DEATH  1 YES 2 NO DEATH  1 YES 2 NO DEATH  1 YES 2 NO DEATH  1 YES 2 NO DEATH  1 YES 2 NO DEATH  1 YES 2 NO DEATH  1 YES 2 NO DEATH  1 YES 2 NO DEATH  1 YES 2 NO DEATH  1 YES 2 NO DEATH  1 YES 2 NO DEATH  1 YES 2 NO DEATH  1 YES 2 NO DEATH  1 YES 2 NO DEATH  1 YES 2 NO DEATH  1 YES 2 NO DEATH  1 YES 2 NO DEATH  1 YES 2 NO DEATH  1 YES 2 NO DEATH  1 YES 2 NO DEATH  1 YES 2 NO DEATH  1 YES 2 NO DEATH  1 YES 2 NO DEATH  1 YES 2 NO DEATH  1 YES 2 NO DEATH  1 YES 2 NO DEATH  1 YES 2 NO DEATH  1 YES 2 NO DEATH  1 YES 2 NO DEATH  1 YES 2 NO DEATH  1 YES 2 NO DEATH  1 YES 2 NO DEATH  1 YES 2 NO DEATH  1 YES 2 NO DEATH  1 YES 2 NO DEATH  1 YES 2 NO DEATH  1 YES 2 NO DEATH  1 YES 2 NO DEATH  1 YES 2 NO DEATH		Elementary/Secondary (0-1	12)	College (1-4 or 8	+)	ie. Do NOI u	ise retired.)										
The MALLING ADDRESS (Street and Number or Rural Pouts Namber, City or Town, Stets, 2p Code)  7819 River Run Court Frederick, Maryland 21701  202. MERTHOO OF DISPOSITION 1 Burlar 20. Cremetion 3 Pannoval from State 203. PLACE AND DATE OF DISPOSITION (Name 1 Burlar 20. Cremetion 3 Pannoval from State 2 Condition									16. MOTHER'S N	NAME (First, I	Aiddle, Maide	n Surname)	•				
JOAN MCGINNIS   7819 River Run Court Frederick, Maryland 21701			5														
206. METHOD OF DISPOSITION   DATE   206. LOCATION - City or Town, State   206. DPLACE AND DATE OF DISPOSITION (Name of commatter) - Commatter) - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. LOCATION - City or Town, State   206. Location - City or Town, State   206. Location - City or Town, State   206. Location - City or Town, State   206. Location - City or Town, State   206. Location - City or Town, State   206. Location - City or Town, State   206. Location - City or Town, State   206. Location - City or Town, State   206. Location - City or Town, State   206. Location - City or Town, State   206. Location - City or Town, State   206. Location - City or Town, State   206. Location - City or Town, State   206. Location - City or Town - City or Town - City or Town - City or Town - City or Town - City or Town - City or Town - City or Town - City or Town - City or Town - City or Town - City or Town - City or Town - City or Town - City or Town - City	l													. J 217	101		
21. SIGNATURE OF FENERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY ROBERT E. Dailey & Son, PA 1201 North Market Street Frederick 21701  23. PART I. Enter the diseases, or confiplications that ceused fine death. Do not enter the mode of dying, such as cardiec or respiretory strest, interval Between Onset and Death of the Course for Season of Confictions and Death of the Course for Season of Confictions of the Course for Season of Confictions of the Course for Season of Confictions of the Course for Season of Confictions of the Course for Season of Confictions of the Course for Season of Confictions of the Course for Season of Confictions of the Course for Season of Confictions of the Course for Season of Confictions of the Course for Season of Course for Season of Course for Season of Course for Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of Season of S	ı												_		01		
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29s. CERTIFFING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  (Check only one)  2		296. SIGNATURE AND TITLE				-			29d. DATE	SIGNED	(Month, Day, Yea	ır)					
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be di	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at o
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Norm 6. AGE (In yrs. last birthday) 7. OATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or For WAS h 1 - M 2 X F 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Artor DIRECTOR RESIDENCE OF DECEDENT 10d. INSIDE CITY LIMITS? YES 2 NO Grace FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 21078 45A 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 KNO WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No If yes, specify Cuben, Mexicen, Puerto Rican, etc.)
 YES 25 NO Specify: 11. MARITAL STATUS 14. RACE — Americen Indian, Black, White, atc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 Merried BY 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 15. DECEDENT'S EQUICATION 16h KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete) Elementary/Secondary (0-12) College (1-4 or 5+) 12 MAKEL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, EdWIN Wood BE notified 2 pe METHOD OF DISPOSITION 20b. PLACE AND PATE OF DISPOSITION (Name Burial 2 Cremetion 3 Re Donation 5 Other (Specify) examiner must medical 23. PART I. Entar the diseeses, or complications that caused the death. Do not enter ahock, or heart failure. List only one cause on each line. Interval Betw Onset and Death IMMEDIATE CAUSE (Final the disease or condition resulting in death) an cin event, DUE TO (OR AS A CONSEQUENCE OF): Item 23 shows any injury, or other traumatic CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in deeth) LAST PART II. Other significant conditions contributing to deeth but not reaulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? lives 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 6 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28 is marked, 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 🗌 Suicide COMPLETED 8 Could not be determined 4 Homicide Item 29a. CERTIFIER

**Chank ank** 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or in 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE -9 Micre D-15994 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Leticia S. Galvez, M.D., 625 S. Union Ave., Havre de Grace, Md.21078 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

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100	NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furieral dir coll and the furieral direction and completely filled in by the furieral direction and completely filled in by the furieral direction and completely filled in by the furieral direction and completely filled in the furieral direction and completely filled in the furieral direction and completely filled in the furier of the filled in the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the furier of the	hin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	NT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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31. DATE FILED (Month, Day, Year)

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FOR STATE REGISTRAR 25975 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OFATH 3. TIME OF DEATH YEAR Aug. 19, 1991 IRMA S. HUDSON 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 06/26/25 Country) Delaware 221-12-9777 66 1 M 2 V F YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH Sc. COUNTY OF DEATH Caroline 608 W. Central Avenue Federalsburg DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY Caroline Maryland Federalsburg 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 21632 U.S.A. 608 West Central Avenue 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—It yes, specify Cuban, Maxican, Puarto Rican, atc.)

1 YES 2 X NO Specify: 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2X 1 Never Married 2 Married Specify: White BY 3 Widowed 4 Divorced ETED. 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 165 KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Elamentary/Secondery (0-12) College (1-4 or 5+) Cafeteria-E.I. DuPont Bookkeeper COMPL 12th 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Raymond F. Short Clara Messick Short BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) 2 Rt. 2, Box 334A, Federalsburg, MD 21632 George A. Hudson, Jr. 20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State 20e. METHOD OF DISPOSITION
1 1 Removal from State
4 Donation 5 Dother (Specify) Federalsburg, MD Crest Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Framptom-Hawkins-Eskow Funeral Home Muliael 7-Eskow PO Bx 43, Federalsburg, MD 21632 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, ahock, or haart failure. List only one cause on each line. interval Batween Onset and Death IMMEDIATE CAUSE (Final disesse or condition resulting in death) Keracto yus-DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 1-NO 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 YES 2 NO 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 28b. TIME OF INJURY 28d, DESCRIBE HOW INJURY OCCURED 1 Netural М 1 YES 2 NO BY Investigation 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify) 281. LOCATION (Street and Number or Bural Boute Number, City or Town, State) 3 Sulcide 8 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.,

32. REGISTRAR'S SIGNATURE Julia Davidson-Randall

29c. LICENSE NUMBER

503 Dutchmans Lane

145

**DHMH-18 Rev 1/89** 

29d. DATE SIGNED (Month, Day, Year)

D823011

Easton, MD 21601

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to may be treated by the hospital or attending physician.	meter process should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	must be notified at once.
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Proper may be mained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attentioning physician and composition for the funeral transfer permit. Pages 1, 2, 3 s.	De med within 72 nours aret death with the State Dept. Of heady and wented hydere prior to come, deninated, of letinora.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

I. DECEDENT'S NAME (First, Middle, Last)						OF DEATH		3. TIME OF DEATH	
GLADYS MARIE	HOPKINS				09	01		91 9:40	
A. SOCIAL SECURITY NUMBER	5. SEX 6. AG	GE (In yrs. last birthde	MONTHS DA		7. DATE	OF BIRTH	8.	BIRTNPLACE (State or Forei Country)	
214-24-2405	1 M 2 XF	74 YRS	S. MONTHS DA	IVS HOURS WIN.	1-2	28-19			
Do. FACILITY NAME (If not institution, give s	street and number)		9b. CITY, TO	WN OR LOCATION OF I	DEATN	9c. COUNTY OF DEATN			
SACRED HEART HO	SPITAL		CUI	MBERLAND		ALLEGANY			
10a. STATE 10b. COUNT	Allegany	10c.	10c. CITY, TOWN OR LOCATION  Eckhart						
10e. STREET AND NUMBER				101. ZIP CODE			10g. CITIZE	N OF WHAT COUNTRY?	
Box 48, Bee	chers Ave.	•		21528			U.	S.A.	
II. MARITAL STATUS I Never Married 2 Married Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	ES 2 NO	If ye	DECENDENT OF NISP. s, specify Cuban, Mexic YES 2 NO Specific	can, Puerto I	i? (Specify Ye Ricen, atc.)	or No 14	RACE — American Indian Black, White, atc. Specify: White	
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(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind life, Do NO	of work done durin T use retired.)	ig most of working					
6		Homa	maker			Own	Home		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S P	NAME (First, I				
John H. Bell:	inger					ston			
19a. INFORMANT'S NAME (Type/Print)		19b. MAIL	ING ADDRESS (St	reet and Number or Run	Il Route Num	ber, City or Tow	rn, State, Zip Co	ode)	
Robert S. Hop		511		view Ave			cland	, Md. 2150	
20s, METHOD OF DISPOSITION  1 Burlet 2 Cremetion 3 Rem		20b. PLACE AND D of cemetary, crema	tory or other place	)	DAT	Clan		y or Town, State	
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shock, or heart feilure.	a. DUE TO (OR A DUE TO (OR A C.	n eech line.	E OF):		ich as cen			Approximet interval Bet	
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Check only or  8 Other  28d. DE  28f. LOC  City  Bus to fine cathe firme, date	24a. WAS AI PERFO 1 YES: ne) or (Specify) SCRIBE HOW CATION (Street or Town, Stell	INJURY OCCU and Number or onner as stated and due to the	24b. WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION DF CA OF DEATH?  1 YES 2 No.	

01 09975

TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
Ĭ	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,
e funeral different lage 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furneral determinates 5 should be detached
death, have 5 may be retained by the hospi	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2+ riours after death.
BALIMONE MANTLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13149,

retained by the hospital or attending physician.

THE MARYLAND 21203-3146

FOR STATE REGISTRAR	STATE OF MARY			HEALTH AND	MENTAL HYGIEN	-	25977	
1. DECEDENT'S NAME (First, Middle, Le Charles	E. Hampton	ı	16		2. DATE OF OEATH MONTH 9	MY 91	3. TIME OF DEATH 3:32P	
4. SOCIAL SECURITY NUMBER 216-30-1685	M2 DF 5	E (in yrs. last birthday) 6 YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, pay, 1993)	0.	BIRTHPLACE (State or Foreign Country)	
9a. FACILITY NAME (If not institution, gir Memorial H	ospital			n on Location of Di erland	EATH		y of DEATH Legany	
Memorial H RESIDENCE OF DECEDENT 100. STATE 100. COU Maryland Al			ry, town on Lo mberlan			10d. INSIDE CITY LIMITS? 1 YES 2 W NO		
	- 3			101. ZIP CODE 21502			OF WHAT COUNTRY?	
10e. STREET AND NUMBER  Rt 3 Box 289  11. MARITAL STATUS  1 Never Married 3 Married  3 Widowed 4 Divorced	12. WAS DECEDENT, EVER FORCES? 1 S YES IF YES, GIVE WAR OR 2-1951	S 2 NO	If yes,			USA s or No.— 14.	RACE — American Indian, Black, White, etc. Specify:	
15. DECEDENT'S E (Specify only highest gr	DUCATION	18a. DECEDENT'S	work done during		16b. KIND OF BU	JSINESS/INDUST	white	
1.2 17. FATHER'S NAME (First, Middle, Last)		forme	r emplo		Hosp ME (First, Middle, Maide		Sullivan Corp	
Virshel T Ham  19a. INFORMANT'S NAME (Type/Print)					Houte Number, City or To			
Mrs Brenda D  20a. METHOD OF DISPOSITION  1 Burlal 2 Cremation 3 R  T Donation 8 Other (Specify)	temoval from State	other place)	SITION (Name of	cemetery, cremetory or	20c. L	DCATION — City		
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE ACOURT	ACCENT COL	Sca	ans Cemete AND ADDRESS OF FA rpelli Fur berland I	neral Home	ntston	a, MI)	
23. PARTY. Enter the diseases, ahock, or heert fallu IMMEDIATE CAUSE (Final disease or condition resulting in death)	re. List only one cetise on	sech line.		disease	h ss cardiac or real	piratory arrest	, Approximate Interval Between Onset and Death	
Sequenticity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	c	B A CONSEQUENCE O						
PART II. Other algrifficent condi	tions contributing to death	n but not resulting	In the underl	ying cause given in	Part I. 24a. WAS A PERFC	N AUTOPSY PRIMEO	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	L HOSPITAL:		OTHER:	PLACE OF DEATH (C)	neck only one)			
25. WAS CASE REFERRED TO MEDICA EXAMINER?  YES 2 NO  27. MANNER OF DEATH  Natural 8 Pending	1   Inpatient 2   ER/O	Y 28b. Til	4 Nursing H	injury at work?	8 Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCUR	ED	
2 Accident Investigati	be 28e. PLACE OF INJU	IRY — At home, farm,		YES 2 NO	281. LOCATION (Stree City or Town, Stet		Rural Route Number,	
(0	HYSICIAN: To the best of my known miner: On the basis of examinar						euse(a) and menner as stated.	
296. SIGNATURE AND TITLE OF CERT	IFIER	Dpty Med		29c. LICENSE NU D 091	MBER		GNED (Month, Day, Year) 9/1/91	
30. NAMBAND ADDRESS OF PERSON Paul Snow, M.D	. 124 W 3rd			Md 21502	<del></del>			
31. DATE STE PONT 04 1991	Section Kan Son-		9					

DHMH-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the law requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE REGISTRAR	STATE OF MA					EALTH AN DEATH		ITAL HYGIEN	IC .	3	25978
1. OECEDENT'S NAME (First, Middle, Last) MICHAEL	WILLIA	M	F	IARD	EN			ONTH 18	AY 199	GEAR	3. TIME OF DEATH 2:10P
4. SOCIAL SECURITY NUMBER 217-72-9510	NXM2□F 3	West of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state					IN. (	7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or F Country) 9-14-1958 California			)
98. FACILITY NAME (If not Institution, give  PRINCE GEORGE  RESIDENCE OF DECEDENT	CALL TO SOLE	MOTOR LODGE #205  MARLOW HEIGH							9c. COUNT		E GEORGE
Maryland Cha:				y, town or location							10d. INSIDE CITY LIMITS? 1 YES 2 NO
22 Marshall Road						2060 2060				ISA WI	HAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EN FORCES? 1   IF YES, GIVE WAR	YES 2	MED YO		If yea, sp	cify Cuban, M	SPANIC OF exican, Pur pecify:	itGIN? (Specify Yearto Rican, atc.)	s or No— 1	4. RACE Black, Specify Whit	American Indian, White, atc.
15. DECEDENT'S EDI (Specify only highest grad Elamentary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(G life	CEDENT'S live kind of a Do NOT us	work done se retired.)	CCUPATIO during mo	IN st of working		Plumb.		STRY	
17. FATHER'S NAME (First, Middle, Last) Donald E. Harden	Sr.							rst, Middle, Melden Louise	Surname)	ard	
190. INFORMANT'S NAME (Type/Print) Susan Harden		22	b. MAILING 2 Mar	shal	S (Street a	nd Number or R	aldor	Number, City or Tow f, Md.	n, State, Zip C 20602	Code)	
20a. METHOD OF DISPOSITION  1X Burlel 2 Cremetion 3 Rem  4 Donetion 8 Other (Specify)  21. SIGNATURE of JUNERAL ENVISE		20b. PLACE / cemetery, cre TINI	metory or o	her place)	ial	Garder	ıs 9	-21 Wa.	cation ci ldorf,	Md .	n, State
Michael Bla	ankenship M			Hu P.	ntt 0.	Funera Box 15	al Ho	me aldorf.	Md. 2	20604	i-0156
23. PART I. Enter the diseases, or ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition reaulting in desth)	NARCOTIC	INTOX	ICAT:	ION	the mo	de of dylng,	such as	cardiac or reap	ratory arres	nt,	Approximate Interval Betwee Onset and Dea
Sequentially list conditions, if any, leading to immediate	b	AS A CONSEC									
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR	AS A CONSEC	QUENCE OF	<b>-</b> ):							
PART II, Other algorificant condition	na contributing to des	ith but not r	eaulting (	n the un	derlying	cause giver	in Part	24a. WAS AN PERFOR 1 DES 2	MED?	0	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL CHAMINER?	HOSPITAL:			OTHER		ACE OF DEATH	(Check on	y one)			
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	1   Inpetient 2   ER 28s. DATE OF INJU FOUND: 9	JRY	28b. TIM		28c. INJU WOI	RK?	28d.	DESCRIBE HOW I		RED	ODGE
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF IN. building, etc. UNKNOWN	JURY — At hor (Specify)	ma, ferm, a	treet, facto	ory, office	M	28f. I	OCATION (Street I Str. or Town, State)		-	ite Number,
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS  2XX MEDICAL EXAMINE	CIAN: To the best of my I	knowledge, dei	ath occurre	d at the ti	me, data pinion, de	and place, and ath occured at	dua to the	cause(e) and man	ner as stated.	cause(s) s	ind manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	à					29c, LICENSE					fonth, Day, Year)
30. NAME AND ADDRESS OF PERSON WH	No.	1	11 P	ENN	STE	REET	BAL	TIMORE	,MARY	LAN	D 21201
31. DATE FILED SEP. 2. 4 91	32, REGISTRAR'S	SIGNATURE	Mand	100					-		

*200

TO BE COMPLETED BY FUNERAL DIRE

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM			MENTAL HYGIENE REG. NO.	91	25979
1. DECEDENT'S NAME (First, Middle, Last)	ELSIE HOWA	PHOW	ARD		2. OATE OF DEATH DAY	9 FEAR	3. TIME OF DEATH
	□ M 2 🗸 F 82	YRS. MON		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 2/21/ (Month, Day, Year)2/21/ 2-21-1090	,	ARYLAND
FAIRFIELD NURSI	NG HOME	c	ROWNS	VULLE		ANNE A	ARUNDEL
MARYLAND ANNE	ARUNDEL		APOLI	S			10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER  130 HEARNE RD.  11. MARITAL STATUS  1 Never Married 2 Merried  3X Widowed 4 Divorced	APT . 1112  2. WAS DECEDENT EVER IN U, FORCES? 1 YES IF YES, GIVE WAR OR DATE	X X NO	13. WAS OEC	ZIP COOE  2 1 4 0 1  ENDENT OF HISPAT portly Cuben, Mexica 2 X) XO Specifi	IIC ORIGIN? (Specify Yas or No- n, Puerto Rican, atc.)	U.S	
15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)	TION 16 mpleted) College (1-4 or 5+)	G. DECEDENT'S USU (Give kind of work life. Do NOT use rel DO	done durina mo	st of working	16b. KINO OF BUSINESS.	INOUSTRY	
17. FATHER'S NAME (First, Middle, Last) MOSES JOHNSON					ME (First, Middle, Meiden Surnem URA BREWER	10)	<u> </u>
190. INFORMANT'S NAME (Type/Print) ALICE JOHNSON					Route Number, City or Town, State, APT. 935 GI		JRNIE, MD.
20s. METHOD OF DISPOSITION 1 Dispute 2 Cremetton 3 Remove 4 Denetion 8 Other (Specify)	рон	N WESLE	Y CHU	RCH CEM		RBURY	MD.
21. SIGNATURE OF FUNERAL SERVICE LICEP	J. Rees	٩		E & SON	ciuty821 WEST IS MORTUARY,		ANNAPOLIS,
23. PART 1. Enter the disease, or collabork, or heart feiture. List immediate cause (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A CO	ONSEQUENCE OF):			vrdi he		Approximate interval Batwean Onset and Death
PART II. Other aignificant conditiona	contributing to death but	not resulting in the	ba underlyie	g cause given in	Part i. 24a. WAS AN AUTOP PERFORMED? 1 YES 2 NO		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
	HOSPITAL:		THER:	ACE OF DEATH (C)			
1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c. INJ	URY AT HRK? YES 2 NO	8 Other (Specify)  28d. DESCRIBE HOW INJURY	OCCURED	
3 Suicide S Could not be 4 Homicide determined	28a. PLACE OF INJURY — building, etc. (Specify)		ot, factory, offic	•	261. LOCATION (Street and Null City or Town, State)	mber or Rural R	oute Number,
29e. CERTIFIER Check only 2 MEDICAL EXAMINER:					n to the cause(s) and manner as		and menner as stated.
39 SIGNATURE AND TITLE OF CERTIFIER	Henta 4	0		29c. LICENSE NU	MBER 29d. ▶	DATE SIGNED	(Making Ony, Noar)
MICH AFT J. CG	CONFLETED CAUSE OF DEAT	GOR	Daci	JAVB	#120 ANNI	MALUM	Md21401
SEP 1 1 1991 Jul	32. REGISTRAR'S SIGNAT	URE					

57669 NB

ALICE JOHNSON

XX

102 CRAIN HIGHWAY APT. 935 GLEN BURNIE, MD.

JOHN WESLEY CHURCH CEME. WATERBURY, MD.

821 WEST ST. ANNAPOLIS,

REESE & SONS MORTUARY, P.A.

CHF

Lary D. Pease

HASCID, Plen under head

alund Rome Com

	FOR	
_	STATE	
-	REGISTRAR	

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			OLITIII	FICATE OF		REG. NO				
	1. DECEDENT'S NAME (First, Middle, Lest)		. Holdamp			2. DATE OF DEATH	AY YEA	3. TIME OF DEATH 7 55		
	4. SOCIAL SECURITY NUMBER 057-01-2053	5. SEX 6. /	AGE (In yrs. lest birthday,		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-14-0	8. B	HATTHPLACE (State or Foreign country)  nnsylvani		
HOT	98. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH  9c. COUNTY OF DEATH									
DIRECTOR	MD 100. STATE 100. COUNT	Arundel		TY, TOWN OR LOC OWNSVi			10d, INSIDE CIT LIMITS? 1 □ YES 2x□			
FUNERAL	1016 Tudor Dr	ive		1	21032		USA	OF WHAT COUNTRY?		
B⊀	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 I IF YES, GIVE WAR (	YES 2 NO	If yes, s	CENDENT OF HISPAI pecify Cuban, Mexice S 2 NO Specif	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White		
PLETED	15. OECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT' (Give kind of life. Do NOT) Prop.	s usual occupat work done during muse retired.)  Tax Di	nost of working	186. KIND OF BU		f Columbi		
E COMPL	17. FATHER'S NAME (First, Middle, Last) Herbert Rice		11.00.	TUN DI	18. MOTHER'S NA	ME (First, Middle, Meiden a Lamb		1 COLUMBI		
TO B	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural i	Route Number, City or Tow				
	Naomi Smith  20a. METHOD OF DISPOSITION  1 Burlel 2 Cremetion 3 Ren	noval from State	20b. PLACE AND DATE cometery, cremetory or	OF DISPOSITION IA	Drive.	Crownsvi]	LIE MD			
	21. SIGNATURE (1. roll and Service LI	Mausoleum CENSEE Arndle	Hiller	Hard	esty Ful	Anr neral Homis Road,		Α.		
	IMMEDIATE CAUSE (Final disease or condition reaulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
FICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	c								
AL CERTIFICATION	if sny, leading to immediate csuse. Enter UNDERLYING	c. DUE TO (OR d.	AS A CONSEQUENCE O	PF):	ng cauae given in			24b. WERE AUTOPSY FINO		
MEDICAL	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. DUE TO (OR d.	AS A CONSEQUENCE O	PF):	ng cauae given in	Pert i. 24a. WAS AN PERFOR	MED?	AVAILABLE PRIOR TO		
SICIAN: MEDICAL	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	dna contributing to dea	AS A CONSEQUENCE C	in the underlyin	LACE OF DEATH (Che	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?		
PHYSICIAN: MEDICAL	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	c. DUE TO (OR d	AS A CONSEQUENCE C	in the underlyin		PERFOR	MED?	AWALABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO		
TED BY PHYSICIAN: MEDICAL	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	DUE TO (OR  d	AS A CONSEQUENCE C	in the underlyin  28. P  OTHER:  WINDSHIP HON  BE OF 28c, IN,  JURY W  M 1	LACE OF DEATH (Che	PERFOR  1 YES 2  pock only one)  8 Other (Specify)	NJURY OCCURED	AWALABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO		
OMPLETED BY PHYSICIAN: MEDICAL	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR d	AS A CONSEQUENCE Country th but not resulting  Outpetlent 3 DOA  DOA  DOA  DOA  DURY — At home, farm, (Specify)  LINGUIST — At home, farm, (Specify)	In the underlying 28. P OTHER: 4. Nursing Hon E OF 28c. IN, JURY M 1 1 street, factory, office	LACE OF DEATH (Che	PERFOR  1 YES 2  Dock only one)  8 Other (Specify)  28d. DESCRIBE HOW II  28f. LOCATION (Street a City or Town, State)  to the cause(a) and man	NJURY OCCURED	AWALABLE PRIOR TO COMPLETION OF CAU- OF DEATH?  1 YES 2 NO		
MPLETED BY PHYSICIAN: MEDICAL	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR  d.  na contributing to deat  HOSPITAL: 1   Inpatient 2   ER/ 28a. DATE OF INJU (Month, Day, 16  28a. PLACE OF INJU building, atc. (  ICIAN: To the best of axamin  R	th but not resulting  Outpetient 3 DOA  Pay 28b. Tiken  INNY At home, farm,  Specify)  Innowledge, death occurrination end/or investigation	in the underlyin  28-P  OTHER:  4	LACE OF DEATH (Che ne 5 Residence JURY AT ORK? YES 2 NO ce s and place, and due death occured at the	PERFOR  1 YES 2  8 Other (Specify)  28d. DESCRIBE HOW II  28f. LOCATION (Street a City or Town, State)  to the cause(a) and man time, data and placa, and	NJURY OCCURED	COMPLETION OF CAU OF DEATH?  1 YES 2 NO		

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mounts after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permode filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	ained by the hospital or attending physician.  Nould be detached for use as the burial-transit permitted at once.
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	FOR 1 - STATE REGISTRAR	STATE OF N		/ DEPAI						GIENE G. NO.		) [	23301
	1. DECEDENT'S NAME (First, Middle, Last) Mary Hat	tendorf							2. DATE OF DE	ATH TOWN	1 100	YEAR	3. TIME OF DEATH 3:00 to M
)	4. SOCIAL SECURITY NUMBER 116→01-0289	5. SEX 1  M 2  F	6. AGE (In yrs. I		IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	MONTH Sept. Day, 1991 3:0  7. DATE OF BIRTH (Month, Dey, Year) March 21,1901 Czechoslo			LACE (State or Foreign	
HO	Sa. FACILITY NAME (If not institution, give street and number)  Cherrywood Manor Nursing Home					9b. CITY, TOWN OR LOCATION OF DEATH Reisterstown  March 21, 1901 Czec 9c. COUNTY OF DEATH Reisterstown  Baltin				ATH			
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT				Reis		TION Stown	1					10d, INSIDE CITY LIMITS?
ERAL (	100. STREET AND NUMBER 103 Glyndo	n Drive A	pt. T-1			10	1. ZIP COD				10g. CITIZ		IAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	IT EVER IN U.S	ARMED SNO		If yes, sp		n, Mexica	IIC ORIGIN? (Spe n, Puerto Rican,		or No—	14. RACE Black, Specify	- American Indian, White, atc. White
PLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)			Give kind of the Do NOT of House	work done use retired.)	during mo	ON ost of world	ng			ness/IND		100
BE COMPLET	17. FATHER'S NAME (First, Middle, Last)  Joseph C	hambalik					18. MOT		ME (First, Middle,				
TO B	190. INFORMANT'S NAME (Type/Print) Erich R. Hatten	dorf		327	Norgi	alf 1	Rd.,	Reis	Route Number, Cit sterstor				5
	20e. METHOD OF DISPOSITION 1		other	e of dispo place) aney	Vall	ley l		rial	Park		ioniu		ł.
	+ HJ. Echil	landt	_		£.	Eckl 1160	hardi 05 Re	t Fun	eral Cl erstown	Rd.	, Ow:		Mills, Md.
										Approximate Interval Between Onset and Desth			
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL	dianther 1 yes 2 PNO COM								WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATH  26. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE NOW INJURY OCCUREO												
ED BY	a C autota	1						□ NO					oute Number,
COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.									end manner se stated.			
TO BE	29b. SIGNATURE AND TITLE OF ELITIFICATION OF THE SIGNATURE AND ADDRESS OF PERSON W	_ /	ISE OF DEATH (I	TEM 27) (Tur	oe, Print)		29c. LIC	ENSE NUI	MBER L3		29d. DAT	ESIGNED	(Month, Day, Year)
	31. DATE FILEO (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE	E	, (	h	اسلم	-	11.61	1			
	SEP 1 3 '91	Julia	avidoon-A	andell									

ederalsburg, MD

Approximate Interval Batwesn Onset snrl Desth

must be notified at once.

BALTIMONE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 🗻 wours after the form that the detail of the design of the certificate be executed within 👡 wours after the form of the certificate because the control of the certificate because the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate the certificate t	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the multi-action lage 5 should I		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified :
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5	2	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove	M

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

SEP 1 1 91

	1 - FOR STATE OF I	MARYLAND / CE		MENT OF H			YGIENE EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)  ROLAND H. JO	HNSON				2. DATE OF D MONTH Sept	DAY	YEAR 991	3. TIME OF DEATH	A
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. lest	MO	F UNDER 1 YEAR	IF UNDER 24 HRS	7. OATE OF E	DIRTH y, Year)		PLACE (State or Foreign	
	217-36-0261 1× M 2 🗆 F	82	YRS.			03/	03/09	Dela	aware	
1	Sa. FACILITY NAME (If not institution, give street end number)		91	b. CITY, TOWN O	R LOCATION OF	DEATH	00,00	UNTY OF DE		
	7590 Sherwood Road			Sherwo	od			Talbo	ot	
ı	RESIDENCE OF DECEDENT		to- CITY T	OWN OR LOCAT	1011				10d. INSIDE CITY	
	Maryland Talbot			erwood				- 1	LIMITS?	
ŀ	10e. STREET AND NUMBER			101	ZIP CODE		10g. CI	TIZEN OF W	VHAT COUNTRY?	_
	7590 Sherwood Roa	d			21	665		U.S	S.A.	
	1 Name Married 2 Named FORCES?	NT EVER IN U.S. ARI 1 YES 2 N WAR OR DATES		If yes, spi		dcan, Puerto Rica	pecify Yes or No— n, etc.)	14, RACE Black Specif	American Indian, t, White, etc.	
	15. OECEOENT'S EDUCATION (Specify only highest grade completed)	(Gh	EDENT'S US	BUAL OCCUPATION MO	ON st of working		ID OF BUSINESS/II			_
	Elementary/Secondary (0-12) College (1-4 or 5	+)		Farmer		A	gricult	ure		
	17. FATHER'S NAME (First, Middle, Last)  George E. Johns	on				NAME (First, Midd sie Ho	ie, Maiden Surneme, 1der	1		
ı	19e. INFORMANT'S NAME (Type/Print)	19b	MAILING A	DORESS (Street a	nd Number or Ru	ral Route Number, (	City or Town, State, I	Zip Code)		
	Marybelle J. Miller	P	.0.	Box 38	7, Ti	1 ghman	Island			
	20e. METHOD OF DISPOSITION  1  Burial 2  Cremation 3  Removal from State  4  Donetion 5  Other (Specify)	20b. PLACE other pla	cel	thel C			Nr. Fe		wn, state alsburg, l	Μ
١	21. SIGNATURE OF FUNERAL SERVICE LICENSEE				O ADDRESS OF					
	Muchael 7-Eskow			Framp P.O.B	tom-H	awkins , Fede	-Eskow ralsbur	Fune	eral Hom MD 21632	e
1	23. PART I. Enter the diseases, or complications the			enter the mo	ds of dying, s	such as cerdled	or respiratory	arrest,	Approximate Interval Batwe	8186
١	IMMEDIATE CAUSE (Final			1-					Onset and De	st
	disease or condition resulting in death)	O (OR AS A CONSEC	Q	ment		,				
	Por	mach	اما	tin	Rice	sel v	with		VRC	
I	If sny, leading to immediate	O (OR AS A CONTEC	UENCE OF):	-0	a . C	فد (	<			
	CAUSE (Disease or injury	O (OR AS A CONSEC	NIENCE OF	ae	an 7	Mans	neas			
	that initiated events	V I	Α.	o allo	, ra	1.00	300 Op/	Lina	1/25	

24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO 1 | YES 2 | NO

S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpetient 3	26. PLACE OF DEATH (C)  OTHER:  4   Nursing Home 5   Residence	
7. MANNER OF DEATH  1 Natural 6 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	8b. TIME OF INJURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED
3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY — At home, building, etc. (Specify)	farm, atreet, factory, office	26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Check only one)

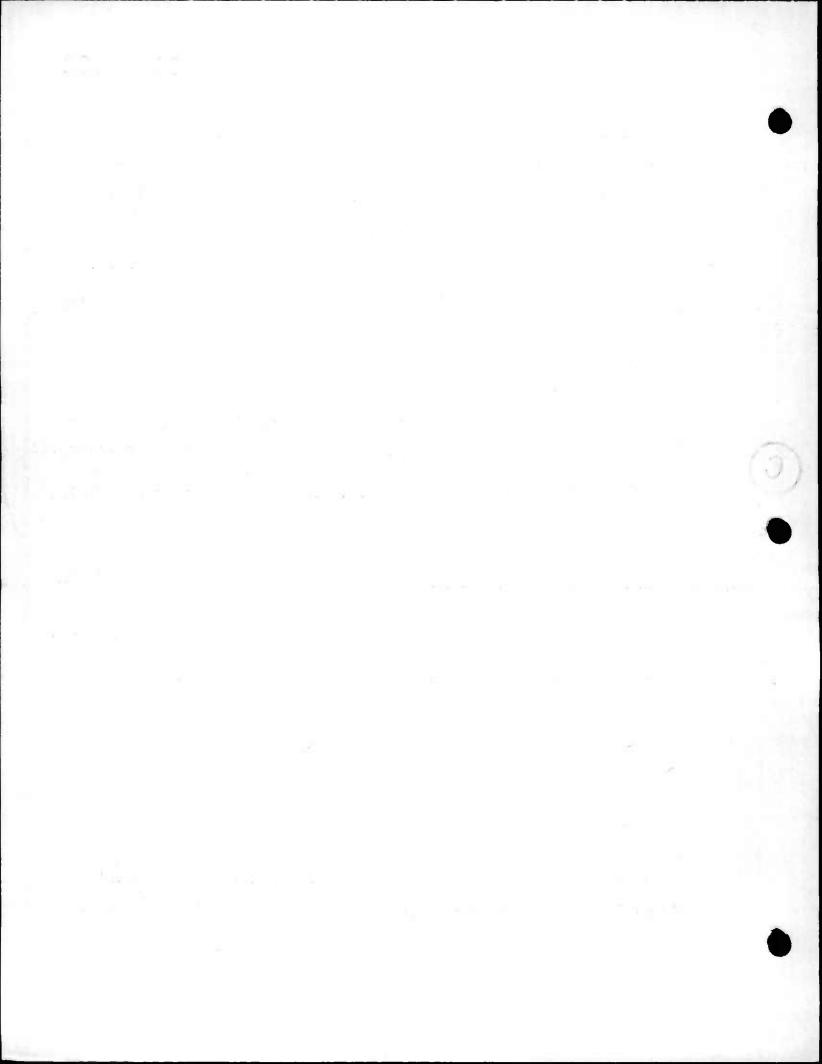
2 MEDICAL EXAMINER: On the basis of exam	minetion and/or investigation, in	my opinion, death occured at the time,	date end place, end due to the	cause(s) end menner as stated.
	- A-			

Clast + Jantin MD.	207824	1 9/10/91
HEBUIT TO DAW KINS JILL	12	WILD AVENUE

32. REGISTRAR'S SIGNATURE icha Davidson - Rando po

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

elli



BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page Trans The investment by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directions of the first through the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	D T	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MP
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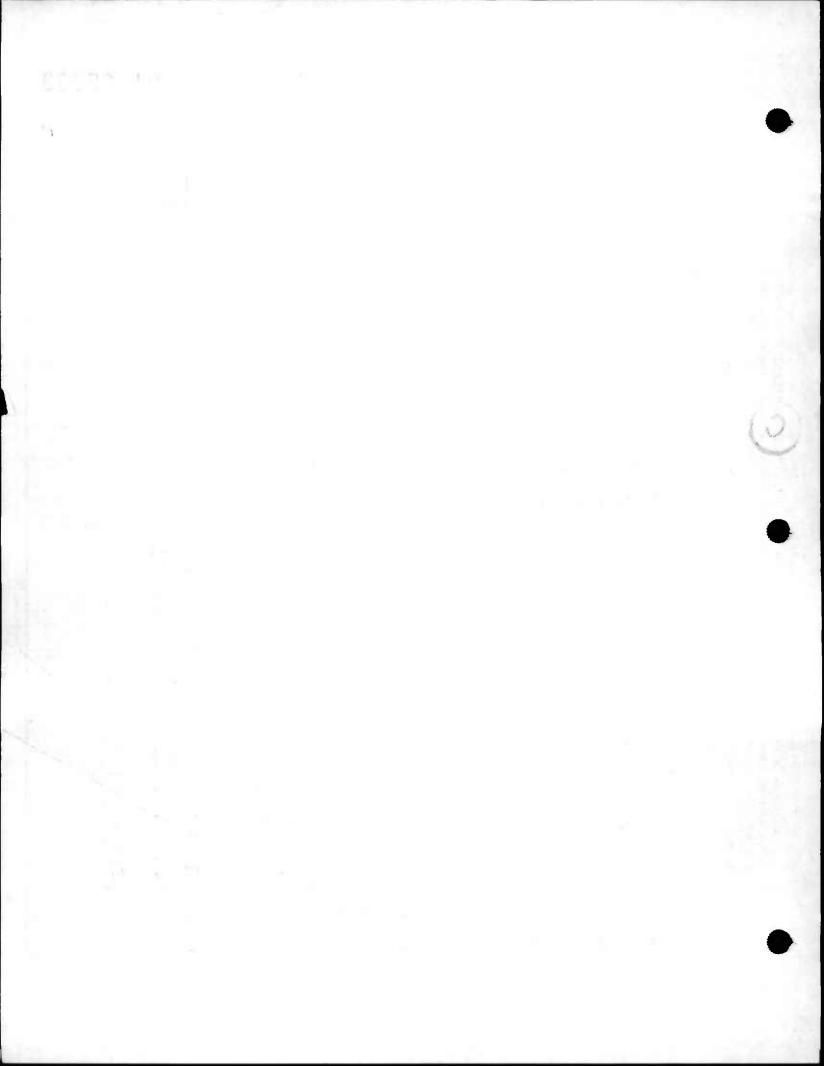
refaired by the hospital or attending physician.

**IARYLAND** 21215-0020

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTA				ILENE 9	25983	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA	TH DAY YE	3. TIME OF DEATH	
1	Clara Beryl	Johnson					t 31,199		
d	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (II		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT (Month, Day, Y	H 8.6	BIRTHPLACE (State or Foreign Country)	
	430-52-7305	1 □ M 2 💢 F . 5	7 YRS.	ONTHS DAYS	HOURS MIN.		, 1934 Ar		
	9a. FACILITY NAME (If not institution, give a								
FUNERAL DIRECTOR	RT#1 BOX 185-1	3		Maryd	e1		Caro	oline	
m	10e. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCATI	ON	-		10d. INSIDE CITY LIMITS?	
ā	Marvland Care	oline	Ma	rydel				1 YES 2 NO	
A	10s. STREET AND NUMBER			10f.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
띮	RT#1 Box 185-B			- 1 -	21649		Ţ	JSA	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES				NIC ORIGIN? (Spec	Ify Yes or No- 14.	RACE — American Indian, Black, White, atc.	
BYF	1 Never Married 25 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA		1 TES				Specify:	
				1				white	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S US (Give kind of work	WAL OCCUPATION  k done during most  btired.)	N It of working	16b. KIND (	OF BUSINESS/INDUST	TRY	
F	Elementary/Secondary (0-12)	College (1-4 or 8 +)							
MP	10 17. FATHER'S NAME (First, Middle, Last)		drive	r			wspaper		
						AME (First, Middle, A			
띪	Albert Alvie	Mitchell	1			e Mae			
9				•			or Town, State, Zip Coo		
	Owen Johnson						MD 2164		
	20a. METHOD OF DISPOSITION 1 ☐ Burial 2 ☑ Cremation 3 ☐ Rem	oval from State of c	PLACE AND DATE O	other place)			Oc. LOCATION City		
	4 Donation 5 Other (Specify) Capitol Crem  21, SIGNATURE OF FUNERAL SERVICE SCENSEE						Dover, l	Delaware	
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  for Pippin Funeral Home								
1	VOSAMHO (1)	million	M00121				Wyoming, D	E 19934	
	23. PARY I. Enter the diseases, or	complications that caused	the death. Do not					Approximate	
	shock, or heart failure. List only one cause on each lina.  IMMEDIATE CAUSE (Final  Onset and Death								
		sease or condition							
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF):				17307		
z	- Alcoholism								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate		CONSEQUENCE OF):						
CA	cause. Enter UNDERLYING CAUSE (Disease or injury	c							
E	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):						
ER	resulting in death) LAST	d							
	PART II. Other significant condition	ns contributing to death be	ut not resulting in	the underlying	ceuse given i	n Part i. 24s. V	AS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS	
CAL	COPI					P	ERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
						'''	YES 2 NO	OF DEATH?	
Σ					· ·			1 TYES 2 NO	
A	25. WAS CASE REFERRED TO MEDICAL			00.01	405 OF BC1711 W	No. 1 and a second			
PHYSICIAN: MEDI	EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (C				
ΥS	1 YES 2 NO	1   Inpetient 2   ER/Outp				6 Other (Speci	.,	-	
	1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (	WO WO	RK?	280. DEŞCHIBE	HOW INJURY OCCUR	ieo	
ВУ	2 Accident Investigation	28e. PLACE OF INJURY	At home from other	1.0.	rES 2 NO			D	
ED	3 Suicide S Could not be 4 Homicide detarmined	building, atc. (Spec	(fy)	ret, lactory, offici		City or Town	(Street end Number or i , State)	nural ribute Number,	
ET	an Apprent								
COMPLETED	Conson only	ICIAN: To the best of my knowl							
Ö	2 MEDICAL EXAMIN	ER: On the basis of examination	and/or investigation,	In my opinion, d	eath occured at th	e time, data and pl	sce, and due to the c	ause(a) and manner se stated.	
ш	296. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NI	UMBER	29d, DATE S	IGNED (Month, Day, Year)	
8					1777	794	1 9/	2 M I	
	100	>			1727			-	
5	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DE			1)22				
1	30. NAME AND ADDRESS OF PERSON WI	029 Qu	Mark		De	nton,	md. 21	629	
TO	D. 1	HO COMPLETED CAUSE OF DE M 9 20 32. REGISTRAR'S SIGN FUNA JAVIDSON	Mark		· De	nton,	md. 21	629	

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DHMH-16 Rev 1/89



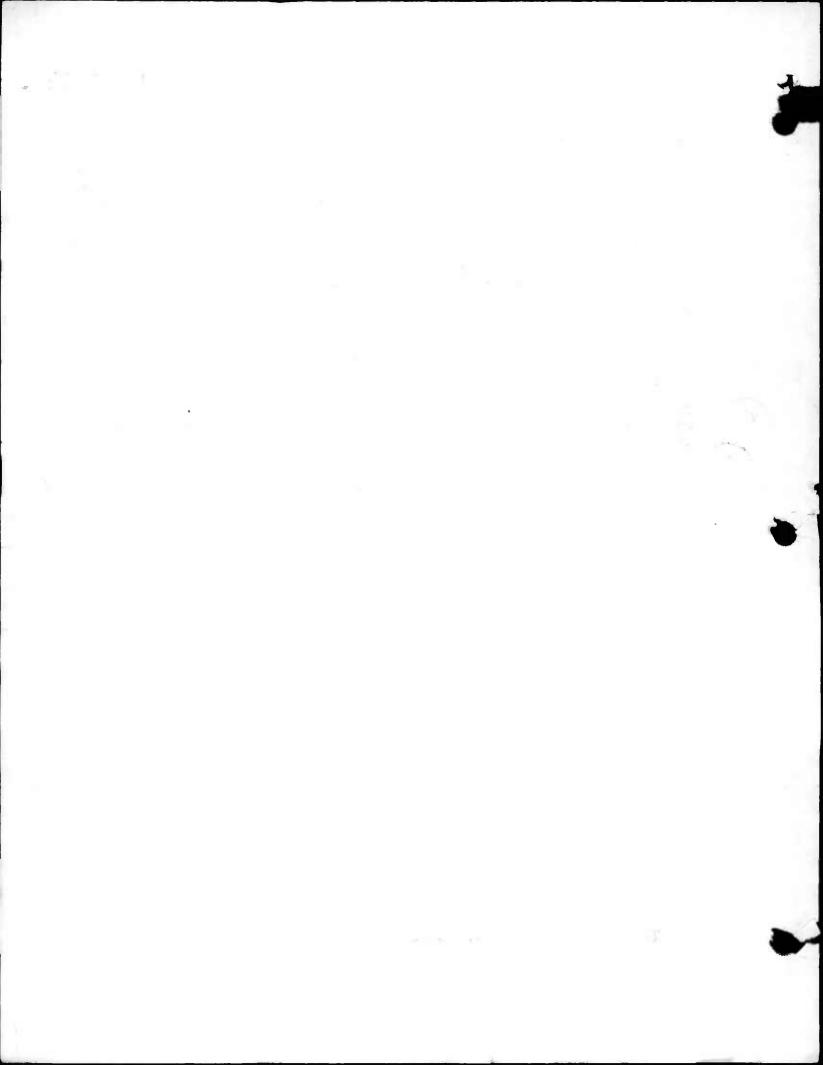
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with
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	HOSPITAL

FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last, 9 YEAR 2. DATE OF DEATH 3. TIME OF DEATH MONT 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 6. AGE (In yrs, lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. -13-1901 DAYS YRS. be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH DIRECTOR PATION RESIDENCE OF DE 10b. COUNTY 10e STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MArion 1 TES 2 NO FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER 10f. ZIP CODE -1838 by the hospital or attending physician. 14. RACE — Ame Black, White, Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuben, Mexican, 1 YES 2 NO Specify: Ricen, atc.) 2 Merr IF YES, GIVE WAR OR DATES BY 4 Divorced MCX COMPLETED 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use jetired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY IOMESLIC DOTE Pendiffied at once. 17. FATHER'S NAME (First, Middle, Last) BE DELOTIS B. E 800 METHOD OF DISPOSITION Buriel 2 Cremetion 3 Page 6 mg 20b. PLACE OF DISPOSITION (A Donetion 5 - Other (Specify) DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Niveral direct hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. examiner 21. SIGNATURE OF HEIN 22. NAME AND ADDRESS OF FACILITY after death. lan or Item 23 shows any Injury, or other traumatic event, the medical 23. PART 1. Enter the disea es, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory Approximate shock, or heart failure. List only one cause on each line Interval Batween Onset and Death IMMEDIATE CAUSE (Final disease or condition 1013spriation resulting in desth) DUE TO (OR AS A CONSEQUENCE OF):A Compositive CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate Coronau cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (DR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS Anema AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 - YES 2 1 NO OF DEATH? 1 - YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 TYES 2 NO me 5 Residence 8 - Other (Specify) lent 2 ☐ ER/Outpatient 3 ☐ DOA 4 - Nursing He 28c. INJURY AT WORK?
1 YES 2 NO 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 286-TIME OF 28d. DEŞCRIBE HOW INJURY OCCURED Is marked. Natural 5 Pending BY 2 Accident 28e. PLACE OF INJURY — At home, farm, atreet, fectory, office building: etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Sulcide COMPLETED 8 Could not be 4 Homicide MPORTANT: If Item 28 determined TO CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner se stated. (Check only one) FUNERAL within 72 I 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 黑黑 M.D 9.391 (su 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BURTON GILL 34 A AVE. DR. WILLIAM CRISPIELD 32. DEGISTRAR'S SIGNATURE

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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BACTHORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTHAN						DEAL			REG. NO.									
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	4, SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. le	st birthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE	OF BIRTH	,	8. BIRTHPI Country)	ACE (State or Foreign						
	218-48-8811	1 □ M 2 💢 F 444 Y			MONTHS	DAYS	May 8, 1			8, 194	7	ocarmy,	Md.						
	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY,	TOWN C	R LOCATIO					NTY OF DEA	TH						
8	Memorial Hospital	& Medica	al Cente	er	Cun	nber	1and				A11	egany	1						
DIRECTOR	RESIDENCE OF DECEDENT																		
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<b>E</b>	Tr.#1 /Box	t 134					2176	6				U.S.A	١.						
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5	19a. INFORMANT'S NAME (Type/Print)									ber, City or Tow									
F	RAymond R. Jay		I	Rt.#1	Box	134	Lit	tle	Orle	ans, M	id. 2	1/66							
	20s. METHOD OF DISPOSITION  \$XBurlel 2 \subseteq Cremetion 3 \subseteq Rem		20b. PLACE						DAT	E 20c. LO	CATION -	City or Tow	n, Stata						
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	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. Advanced Ca. Preud meta Strict  Due to (OR AS A CONSEQUENCE OR)  Sequentially list conditions  b. Source of the conditions  Due to (OR AS A CONSEQUENCE OR)  Due to (OR AS A CONSEQUENCE OR)  Due to (OR AS A CONSEQUENCE OR)																		
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E COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINI  29b. SIGNATURE AND HILLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WIN	HOSPITAL: 1-A Inpatient 2 28a. DATE OF (Month, D 28a. PLACE C building, ICIAN: To the best of a	ER/Outpatient INJURY ay, 16ar) IF INJURY — At hetc. (Specify) my knowledge, dexamination and/or	3 DOA 29b. TH IN ome, ferm,	OTHEF 4 Num AE OF JURY M street, fact red at the ti on, in my o	26. PPR: sing Hom 28c. IN. WC 1 Cory, office time, details ppinion, 4	LACE OF D  10 5   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB	NO NO NO NO NO NO NO NO NO NO NO NO NO N	28f. LOCIO	PERFOIL  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 Y	and Number	or or Rural Routed.  The cause(a)	WALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  I YES 2 NO  UNE Number,  and manner as stated.						
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF BEATN  1 Netural 5 Pending Investigation  3 Suicide 6 Could not ba determined  29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINITY  29b. SIGNATURE AND HILL OF CERTIFIER	HOSPITAL: 1-A Inpatient 2 28a. DATE OF (Month, D 28a. PLACE C building, ICIAN: To the best of a	ER/Outpatlant INJURY  INJURY — At h  otc. (Specify)  my knowledge, d  xamination and/or  SE OF OEATH (IT!  Spital	3 DOA 29b. THI IN ome, farm, leath occurr Investigati EM 27 (Typ	OTHEF 4 Num AE OF JURY M street, fact red at the ti on, in my o	26. PPR: sing Hom 28c. IN. WC 1 Cory, office time, details ppinion, 4	LACE OF D  10 5   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB   Re  10 FB	NO NO NO NO NO NO NO NO NO NO NO NO NO N	28f. LOCIO	PERFOIL  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 YES :  1 Y	and Number	or or Rural Ro	WALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  I YES 2 NO  UNE Number,  and manner as stated.						

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- wours after death. Page 6 may remined by the inspital or TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 moult be entered for use filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neutring at order.	y e manned by the hospital or	oach 5 smuld be detached for o	)	be notified at once.	
O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after O THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or remove the WIPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical	er death. Page 6 mar	he funeral director, p	rai.	examiner must	
200	HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mouns after	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by th	led within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remov	ORTANT: if item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical	

2

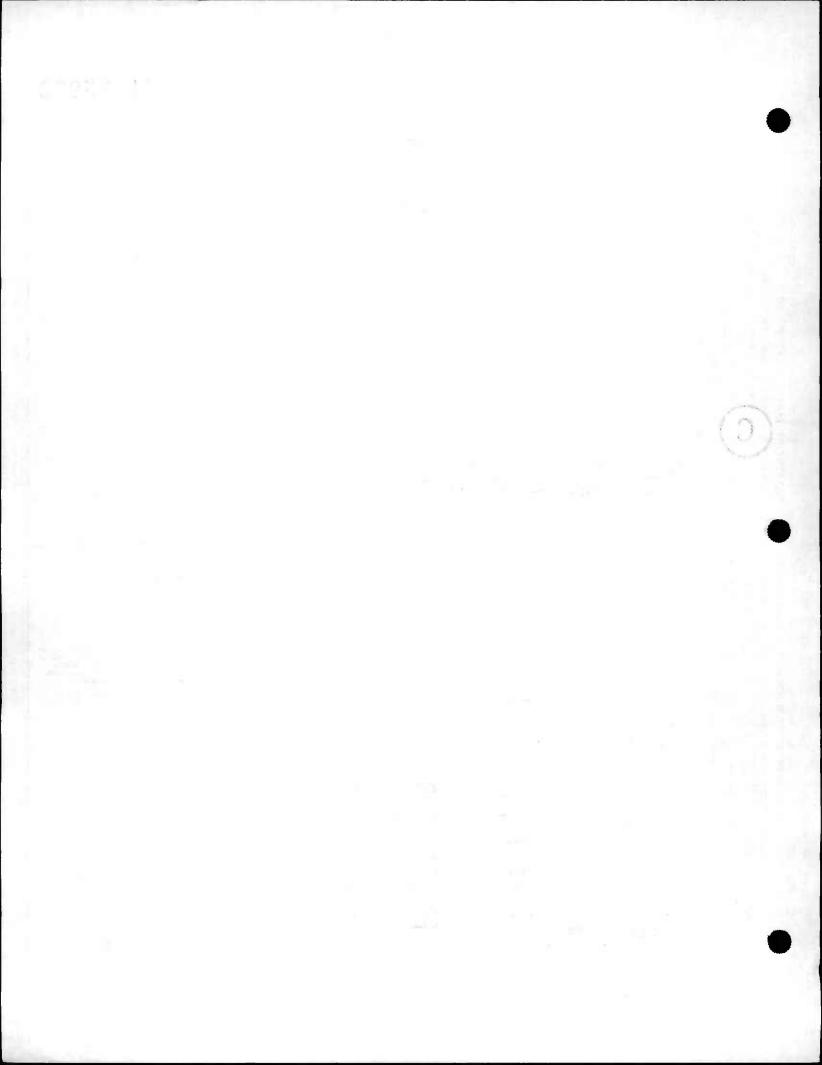
	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIE		71 20300
	1. DECEDENT'S NAME (First, Middle, Lest)  Ruth  Lou	isa John	s			2. DATE OF OEATH MONTH SEPT	8 19	3. TIME OF DEATH 2:00 P M
-4	4. SOCIAL SECURITY NUMBER	5.7	40	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	000	8. BIRTHPLACE (State or Foreign Country)
H	9e. FACILITY NAME (If not institution, give	street and number)	96	CITY, TOWN O	R LOCATION OF D	Dec 2, 1		Maryland
OR	Cuppett-Weeks	Nursing Ho	me	Oakl				crett
ECT	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	Y	10c, CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY
DIR	Maryland Al	legany		ostbu				LIMITS?
FUNERAL DIRECTOR	100. STREET AND NUMBER 110 South B	roadway		101	21532		10g. CITI	ZEN OF WHAT COUNTRY? USA
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2-V-MO	If yes, sp		NIC ORIGIN? (Specify tan, Puerto Rican, atc.)	es or No-	14. RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EDI (Specify only highest gred Elementary/Secondery (0-12)	JCATION o completed) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re SEAMS LI	done during mo tired.)	DN st of working	16b. KIND OF E	usiness/ino	
	17. FATHER'S NAME (First, Middle, Last) Janes R. Fr	am			THE SOUTH COLD IN	a Presto	,	
TO BE	18a. INFORMANT'S NAME (Type/Print)				nd Number or Rural	Route Number, City or T	own, State, Zip	
-	Anna R. Gold				ck Str		t. 4	
	1 Buriel 2 Cremetion 3 Rer	noval from State	PLACE OF DISPOSITION Other place) Frostbur			2		city or Town, State
	21. SIGNATURE OF FUNERAL SERVICE L		Trobebar	22. NAME AI	D ADDRESS OF F			22971142724114
	> Dowgxah	. A Ha	Lew .					rg,MD 21532
	23. PART I. Enter the diseases, or shock, or heert fellure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Congest	1			Regue		Approximate Interval Batween Onset and Daath
CERTIFICATION	Sequentielly list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	CONSEQUENCE OF):	5,1	l stral	Kegine		unkpowz
CAL C	PART II. Other algnificant condition	na contributing to death bu	it not reaulting in t			n Part I. 24a. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICA	- Chronie R Anerria	enal In	rsuffi	riem	cy	1 TYES	ORMED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (C	heck only one)		1
YSIC	1 UYES 2 NO	HOSPITAL:	atlent 3 DOA 41			8 C Other (Specify)		
ву РН	27. MANNER OF DEATH  1 Netural 8 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O		RK?	28d. DESCRIBE HO	V INJURY OC	CURED
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Special	— At home, farm, streetly)	et, fectory, offic	•	281. LOCATION (Stree City or Town, Sta		or Rural Route Number,
COMPLETED	onel	SICIAN: To the best of my knowlers: On the basis of examination						ted. ne cause(a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFI	Mulls 1	M		20c, LICENSE N	314	29d. DAT	E STATED (MATTER), Day, Year)
5	30. NAME AND ADDRESS OF BERSON W	I ritch A		311 1	1.4th <	st. Oak	un D	Mol 21550
	31. DATE FILED (Month, Day, Year) SEP 1 0 1991	32. REDISTRAR'S SIGNA						
	0E1 1 0001	1						OHMH-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within a flow dark death. Page 6 may be retained by the attending physician and completely filled in by the funeral directions. Should be executed by the attending by the funeral directions.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, oremation, or removal.
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	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN	NE	1 20001
-	1. DECEDENT'S HAME (First, Middle, Last	FURLOW		SHN.	SON	2. DATE OF DEATH	194	3. TIME OF DEATH—
\	4. SOCIAL SECURITY NUMBER  114-36-0417  9a. FACILITY NAME (If not institution, give	1 M 2 1 8	O YRS.	DAYS  DAYS	IF UNDER 24 HRS. HOURS MIN.	Jan. 24,	0	ARTHPLACE (State or Foreign Journty)  1 assachusett
CTOR	Meridian Nurs	sing Center			erna Pa			Arundel
AL DIRECT		ne Arundel		napol			10g. CITIZEN	10d. INSIDE CITY LIMITS? 1 🔀 YES 2 🗌 NO  OF WHAT COUNTRY?
BY FUNERAL	5 klahoma  11. MARITAL STATUS 1 Never Merried 2 Married 3 KWidowed 4 Divorced	Terrace  12. Was decedent even if Forces? 1 1 Yes if Yes, Give War or D.	2 XNO	It yes, sp		NIC ORIGIN? (Specify Yean, Puello Rican, etc.)	na or No— 14.	RACE — American Indian, Black, White, atc. Specify: Vhite
LETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	DUCATION de completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	BUAL OCCUPATION done during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during more during mo	ON at of working	16b. KIND OF BU	JSINESS/INDUST	
COMPLET	12 17. FATHER'S NAME (First, Middle, Last)	2	Homem	aker		ME (First, Middle, Melde	n Surname)	
TO BE	Francis M. Fi				and Number or Rural	te Desse	wn, State, Zip Cod	
	Reatrice M. I	movel from State	o. PLACE OF DISPOSIT other place)	ION (Name of ce	netery, crematory or		OCATION - City	or Town, State
(	Male S	Justu		Tayl	or Fune	ral Chap	el	21401
	iMMEDIATE CAUSE (Fine) disease or condition	r complications that cause b. Liet only one cause on a	d the deeth. Do not sech line.	t anter the mo	de of dying, euc	ch aa cardiec or res	piratory arreat,	Approximata Interval Between Onset and Death
Z	resulting in death)	DUE TO (OR AS /	A CONSTEONENCE OF:	N	. /			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	cDUE TO (OR AS A	A CONSEQUENCE OF):	pul	rit			
MEDICAL CE	PART if JOther significant conditions and the significant conditions are significant conditions.	one contributing to death b	out not resulting in	tha underlyin	g cause given in	Part I. 24a. WAS A PERFC	N AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	ACE OF DEATH (C)	neck only one)		
PHYSICIAN:	1   YES 2   NO  27. MANNER OF DEATH  1   Netural 6   Pending	1 Inpatient 2 ER/Out	petient 3 DOA 28b. TIME (INJUR	Nursing Hon OF 28c. IN. W	URY AT PRK?	6 ( Other (Specify)  26d. DESCRIBE HOW	INJURY OCCUR	ED
TED BY	2 Accident Investigation 3 Suicide a Could not b 4 Homicide determined	28s. PLACE OF INJURY	Y — At home, ferm, atro			281. LOCATION (Street City or Town, State	t and Number or F	lural Route Number,
COMPLETED		/SICIAN: To the best of my know NER: On the by Big of examination						use(a) and manner as stated.
O BE C	Mb. SIGNATURE AND TITLE OF CHITTER	John	M		29c LICENSE NU	438	29d, DATE \$6	1997 Day, Year)
	30. NAME AND ADDRESS OF PERSON  (CA)  31. DATE FILED (Month, Day, Year)	TENTA	ATHUTEM 27 (BOD)	RUGEL	BY AVE	How Aa	WARK	Mdresol
	SFP 1 3 1991	Julia Duvidon A	ndelle		/			

e hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directions and be detach		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be marked at once.
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page print is manned by the hos	107	De f	¥

1 - STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH AND TE OF DEATH	MENTAL HYGI	ENE 9	1 25988
1. DECEDENT'S NAME (First, Middle, JOSEPH EDWAR	D KEATLEY				08	3. TIME OF DEATH 6:10 A M
4. SOCIAL SECURITY NUMBER  232-24-7437  9a. FACILITY NAME (If not institution,	1 X M 2 L F	75 YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.		1915 M	BIRTHPLACE (State or Foreign Country) Vest Virginia OF DEATH
SACRED HEART	HOSPITAL		CUMBERLAND		ALL	EGANY
Maryland 106.00			or Location erland			10d. INSIDE CITY LIMITS? 1 🔀 YES 2 🗌 NO
100 STREET AND NUMBER 105 Forest D	rive Sunset	View	10f. ZIP CODE	1502	10g. CITIZE	N OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 3NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 TES 2 NO Speci	en, Puerlo Ricen, etc.		Black, White, etc. Specify: White
15. DECEDENT'S (Specify only highest Elementary(Secondary (0-12)		life. Do NOT use retire	ne during most of working	Che	BUSINESS/INDUS	TRY
17. FATHER'S NAME (First, Middle, Las George W.	Keatley	op out of	16. MOTHER'S N	AME (First, Middle, Mei trude D:		
19a. INFORMANT'S NAME (Type/Print) Marguerite	Keatley	19b. MAILING ADDR	ess (Street and Number or Rural Drest Drive	Route Number, City, or Sunset	V16W	Tumberland M
20s. METHOD OF DISPOSITION  1	Removal from State	PLACE AND DATE OF D emetary, crematory or oth CSC ENG	er pisce) Cemetery 22. NAME AND ADDRESS OF F Hafer Chap	9/11/91 el of the	he Hil	y or Town, State ville, VA ls Mortuary aVale, MD 215
Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):  CONSEQUENCE OF):	Stomack Rabia	grz fo	# Ret	RS Eng. 6-10 no
PART II. Other algnificant cond	ditions contributing to death but	it not reaulting in the	undarlying cause given in	PEF	S AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 2 NO	HOSPITAL:		26. PLACE OF DEATH (CHER: Nursing Home 5  Residence			
		28b. TIME OF	28c. INJURY AT	28d. DESCRIBE HO	OW INJURY OCCU	
27. MANNER OF DEATH  1 Natural 5 Pending		INJURY	WORK?			RED
27. MANNER OF DEATH	(Month, Day, Year)  ation  28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, street,	1 YES 2 NO	281. LOCATION (St. City or Town, S		RED Rural Route Number,
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigs 3 Suicide 8 Could in 4 Homicide determine  29e. CERTIFIER (Check only)	(Month, Day, Year)  ation  28e. PLACE OF INJURY building, etc. (Speci	At home, farm, street,	1 VES 2 NO	City or Town, S	manner as stated	Rurel Route Number,
27. MANNER OF DEATH  1 Natural 5 Pending Investigs 2 Accident 8 Could in detarmin  29e. CERTIFIER (Check only One) 2 MEDICAL EX.  29b. SIGNATURE AND TITLE OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CERTIFIER OF CER	(Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Speci ed  PHYSICIAN: To the best of my knowle  AMINER: On the best of axamination	At home, farm, street,	1 VES 2 NO	City or Town, S e to the cause(a) and e time, date and place	manner as stated e, and dua to the	Rurel Route Number,



1	1. DECEDENT'S JAME (First, Middle, Last	11.	CERTIFICATE O		REG. NO.  2. DATE OF DEATH MONTH DAY	YEAR :	. TIME OF DEATH
	4, SOCIAL SUCURITY NUMBER	ST NU	KFEES		9 11	91	7:00A
N.		5. SEX 6. AGE (	In yrs. last birthday) IF UNDER 1 YEAR YRS. MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year)	8: BIRTHPI Country)	North
1)	245-60-54] 9  Pa. FACILITY NAME (If not institution, give			N OR LOCATION OF DE	Oct.1,191	1   Carc	lina
F					50111	c. COUNTY OF DEA	
	Ginger Cove H			apolis			rundel
DIRECT			10c. CITY, TOWN OR LOC				Od. INSIDE CITY LIMITS?
	10e, STREET AND NUMBER	ne Arundel	Annapol	10f. ZIP CODE	10	g. CITIZEN OF WH	AT COUNTRY?
FUNERAL	1311 River C	rescent Dri	ve	21401		U.S.A	
J.	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 X YES		ECENDENT OF HISPAN specify Cuban, Maxica	HC ORIGIN? (Specify Yea or	No- 14. RACE -	- American Indian, White, atc.
BY	3 Widowed 4 Divorced	1940 - 1	ATES 1 Y	ES 2 NO Specify		Specify:	
ED	15. DECEDENT'S ED (Specify only highest grad	UCATION	18a. DECEDENT'S USUAL OCCUPA		16b. KIND OF BUSINE	Whi SS/INDUSTRY	te
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work done during i life. Do NOT use retired.)	most of working			
COMPLET	17. FATHER'S NAME (First, Middle, Last)	5 +	Medical Off		U.S.		
	1				ME (First, Middle, Maiden Sun	name)	
BE (	Frank W. Kurf	ees	19b. MAILING ADDRESS (Stree	Mana t and Number or Rural I	Short South Number City or Town S	tata Zin Codel	21401
2	Carolyn M. Kur	fees	1311 River				
	20a. METHOD OF DISPOSITION	200	#LACE AND DATE OF DISPOSITION /	Nama of		ION — City or Town	
	4 Donation 5 Other (Specify)		Lakemont Ceme		9/13 Dav:	idsonvi	lle, MD
	21. SIGNAPONESE FUNERAL SERVICE L	peryota		and address of Fallor Fune	ral Chapel	2	1401
	Charac.	annye	147	Glouces	ter St. Ar	napoli	
		Complications that coused Liet only one cause on ea	the deeth. Do not enter the nech line.	node of dying, auci	h as cardiac or reaptrate	ry errest,	Approximate interval Between
	iMMEDIATE CAUSE (Final disease or condition	De Oriona	SN		,		Onsat and Death
	resulting in death)	DUE TO JOH AS A	CONSTRUENCE OF):	dema	/		years
Z		b					/
CATION	Sequentielly list conditions, if any, leading to immediate cause, Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):				
FIC/	CAUSE (Disease or Injury	C. DUE TO (OR AS A	CONSEQUENCE OF):				
RTIF	that initiated events resulting in death) LAST	4	CONSECUENCE OF):				
CE	PART II Ather classificant as dist	to contain the same					
CAL	PART II Other significant condition	OVO MA			Part   24a, WAS AN AUT PERFORME	27 A	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO
MEDI	De a siste	« 1	(WILFUZ	ourum.	1 VES 2		OMPLETION DF CAUSE F DEATH?
	Recurrent (	Collic bl	ceding 2-d	ivestia.	Casis	1	YES 2 NO
SIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28.1	PLACE OF DEATH (Che	ick only one)		
YSICI	1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outpet	ntient 3 DOA 4 Nursing Ho	ome 5 🗆 Raaldence	6 Other (Specify)		
PH	27, MANNER OF DEATH  Natural 5 Pending	26a, DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. II	NJURY AT VORK?	28d. DESCRIBE HOW INJU	RY OCCUREO	
BY	2 Accident Investigation	28. BLACE OF MURRY		YES 2 NO			
	3 Suicide a Could not be 4 Homicide determined	building, atc. (Speci	— At home, farm, atreet, factory, off	lica	28f. LOCATION (Street and I City or Town, State)	lumber or Rural Rou	te Number,
<u> </u>	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the heat of my knowled	adae death coursed at the street				
COMP	(Check only one) 2 MEDICAL EXAMIN	ER: On the beals of examination	adge, death occurred at the time, de and/or investigation, in my opinion,	ne and place, and dua death occured at the	to the cause(a) and manner time, data and place, and de-	as stated.	nd manner se stated
	290 SIGNATURE AND TITLE OF CERTIFIE			29c. LICENSE NUM		d. QATE SIGNED (M	
38 C	Clerk	/1 1/con	ww	01165	2	Soht	11 0 1
2	30. NAME AND ADDRESS OF PERSON W	TO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Print)			agree 1	57/
	31. DATE FILED (Month, Day, Year)	ER KOUU	0 1833 /	Trest 6	tr. Augo	polis 1	4021401
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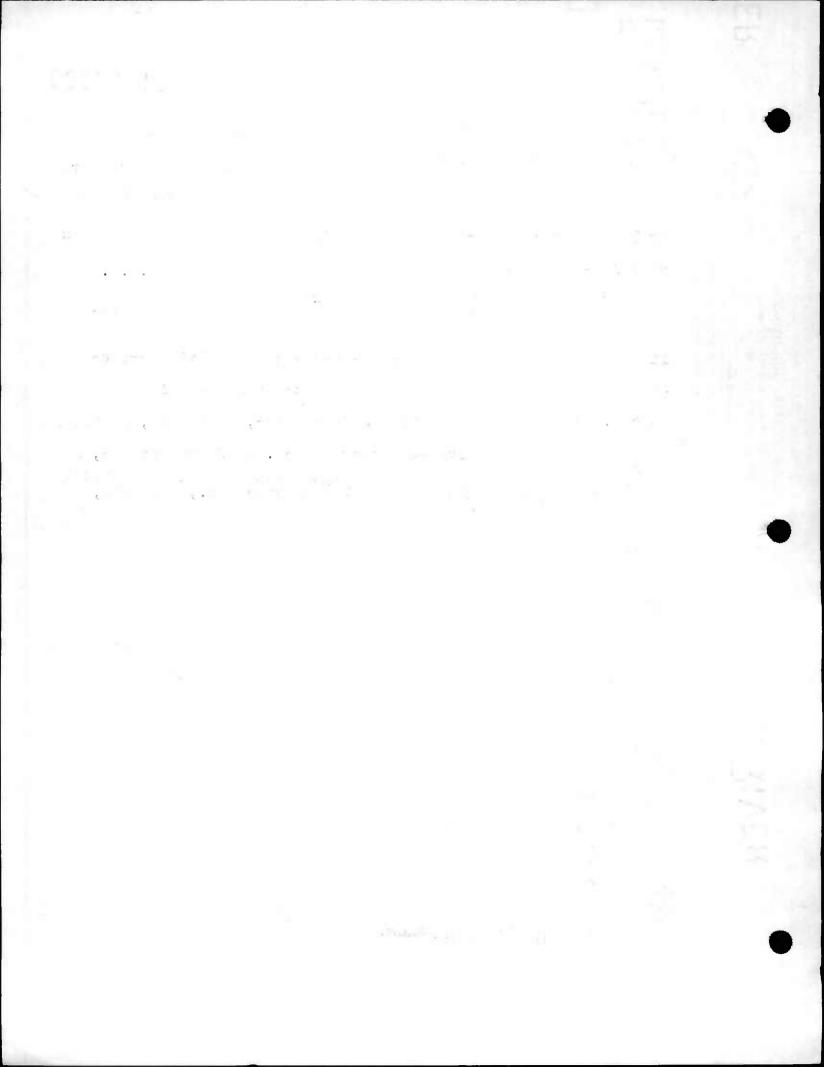
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NER/	2703 Judson					2140			Ų.	S.A.
FUNERAL	10%. STREET AND NUMBER  2703 Judson 11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AF	RMED		2140 CENDENT OF HISP		N? (Specify Yes	U.	N OF WHAT COUNTRY?  S. A.  I. RACE — American Inc. Black, White, etc.
₽	1 Never Merried 2 Married 3 Widowed 4 Divorced	W W	II		1 TYES	secify Cuban, Mexic 3 2 NO Spec	Hy:			Specify: White
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COM	17. FATHER'S NAME (First, Middle, Lest)			Navy	Depa	16. MOTHER'S N	AME (First,			ervice
111	Jan Kosak  19a. INFORMANT'S NAME (Type/Print)		16	Sh. MAN INC ADDR	EGG /Comet	Stel:		losow		anda)
TO BE	Wanda A. Kos	ak								MD 2140
must be	20a. METHOD OF DISPOSITION  1X Burial 2 Cremation 3 R		20b. PLACE of cemetary	AND DATE OF D	SPOSITION	(Name	DAT	TE 20c. LO	CATION - CIN	v or Town. State
E	4 Donation 5 Other (Specify)	uchine /	Maryl			ns Cem		13 Cr	ownsv	ville, MI
= 1	160	60//						Chap	el	21401 oolis,MD
cal examiner	23. PART I, Enter the diseases.	or complications that	caused the d							
the medical	23. PART I. Enter the diseases, ahock, or heert fellu iMMEDIATE CAUSE (Final disease or condition resulting in death)	eCa	coused the descent line.  CLC (OR AS A CONSE	eth. Do not er	ter the mo		ch aa ca	rdiac or reap		
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event, the medical	ahock, or heert feilu iMMEDIATE CAUSE (Final disease or condition reautiting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	e. DUE TO	in Cer	eeth. Do not er	ter the mo	ode of dying, au	ch aa ca	rdiac or reap		Approxi
event, the medical	immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	e	CLA (OR AS A CONSE	COUENCE OF):	ter the mo	ode of dying, au	ch aa ca	rdiac or reap		Approxi
njury, or other traumatic event, the medical	ahock, or heert fellu iMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated eventa	e. DUE TO  DUE TO  DUE TO  DUE TO	OR AS A CONSE	OUENCE OF):	ter the mo	ode of dying, au	COA	24s. WAS AN	I AUTOPSY	Approxision interval Onset as
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hows any Injury, or other traumatic event, the medical MEDICAL CERTIFICATION	ahock, or heert feiture immediate cause condition reautiting in death)  Sequentieity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST  PART II. Other significant conditions and immediate cause. The conditions is a significant condition of the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause i	e. DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (INJURY)  (INJURY)  (INJURY)	COUENCE OF):  COUENCE OF):  COUENCE OF):  COUENCE OF):  COUENCE OF):  COUENCE OF):  COUENCE OF):	underlyin  26. P  IER: Nursing Hor	rig cause given i	n Part I.	24s. WAS AN PERFOR	I AUTOPSY RMED? NO INJURY OCCUI	24b. WERE AUTOPSY AMAILABLE PRIO COMPLETION OF DEATH?
, or Item 23 shows any Injury, or other traumatic event, the medical IYSICIAN: MEDICAL CERTIFICATION	ahock, or heert feiture immediate cause condition reautiting in death)  Sequentieity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST  PART II. Other significant conditions and immediate cause. The conditions is a significant condition of the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause in the cause i	e. DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSE	COUENCE OF):  COUENCE OF):  COUENCE OF):  COUENCE OF):  COUENCE OF):  COUENCE OF):  COUENCE OF):	underlyin  26. P  HER: Nursing Hor	rig cause given i	n Part I.	24a, WAS AN PERFOR	I AUTOPSY RMED?	24b. WERE AL AMILABI COMPLETOF DEL 1 YES



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Judith

SEP12 1991

Pasierb,

M.D.,

32. REGISTRAR'S SIGNATURE

TO BE COMPLETED BY FUNERAL DIRECTOR

- REGISTRAR	STATE OF MA		DEPARTME RTIFICA			7/11/	REG. NO	IE ).	91	25991
1. DECEDENT'S NAME (First, Middle, Last)						MONT		AY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	T		Lolli			Sep	t. 10	, 19	991	10:15 a
195-24-4204	□ M 2 🔯 F	AGE (In yrs. less	YRS. MONT	IDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.	(Mont	e 6, 1		Penr	nsylvania
99. FACILITY NAME (If not institution, give stree Frederick Health	3 6 - 11 1	er	96.		erick	DEATH		1000.00	eder	
10a. STATE 10b. COUNTY	erick		10c. CITY, TOY	n on Local						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
30 North Place				101	. ZIP CODE 2170	1		10g. CITI	U.S.	WHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Merried  3 XWidowed 4 Divorced	2. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2XX		If yes, sp	ENDENT OF HISI ecify Cuben, Mex 2X NO Spe	ican, Puerto		e or No—	14. RACE	- American Indian, k, White, etc.
	ION npleted) College (1-4 or 5+)	(Gi	CEDENT'S USUA tive kind of work of Do NOT use retir	one during mo ed.)	ON st of working	161	o. KIND OF BU	JSINESS/INC	DUSTRY	
12 17. FATHER'S NAME (First, Middle, Last) Giuseppe	Battist		Onemake	it.	16. MOTHER'S					
190. INFORMANT'S NAME (Type/Print)  John Syka Funeral	Home, Inc				ond Number or Ru					a 15003
20e. METHOD OF DISPOSITION    Section   METHOD OF DISPOSITION		20b. PLACE	and date of o	ISPOSITION		9/	E 20c, L0	OCATION -	City or To	
21. SIGNATURE OF FUNERAL SERVICE LICEN	Robers		00706	22. NAME A	y & Bas	ford	P.A. F	unera	al Ho	
23. PART I. Enter the diseases, pr con shock, or heert feliure. Lie iMMEDIATE CAUSE (Finel disease or condition resulting in death)	t only one ceuse	eused the de on each ilne			de of dying, s	uch as cer		olratory ar		Approximete interval Betwee Onset and Dea
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		R AS A CONSEC								
PART II. Other aignificant conditions Drabetes	contributing to d	tus	resulting in th	e underlyin	g ceuse given	in Part i.	24a. WAS AI PERFO 1 TYES	RMED?	24b	D. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	is a set in	ОТ	26. P	LACE OF DEATH	(Check only o	ne)			
27. MANNER OF DEATH	1   Inpetient 2   ER/Outpetient 3   DOA   1 Nursing Home 5   Residence 3   Other (Specify)  2se. DATE OF INJURY (Month, Dey, Year)   2se. TIME OF INJURY AT WORK?  M 1 YES 2 NO									
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF I building, et	INJURY — At he	ome, ferm, street	, fectory, offic	•	26f. LO C/n	CATION (Street or Town, State	t and Numbe	r or Aural i	Route Number,
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI MEDICAL EXAMINER:										e) end manner ee stated.
296. SIGNATURE AND TITLE OF CERTIFIER	1	*		51	29c. LICENSE	NUMBER				(Month, Day, Year)

610 Ninth Avenue, Brunswick, Maryland

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the intending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-rabe filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

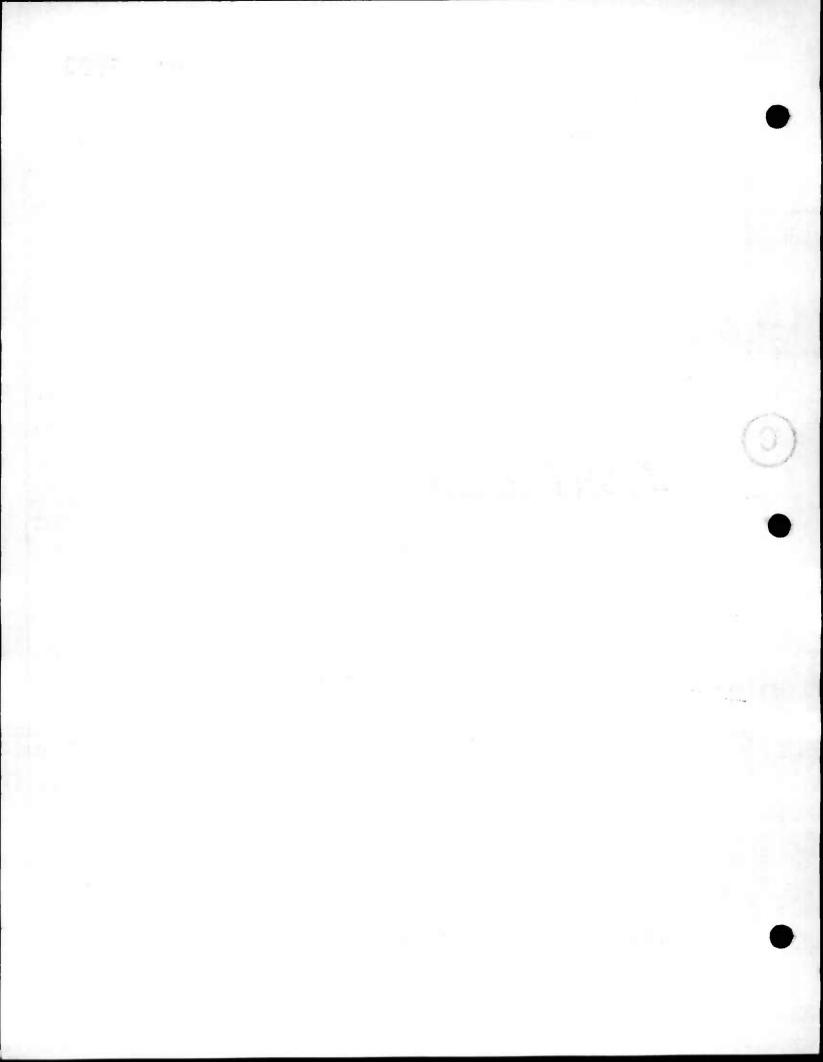
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE STATE OF MARYLAND / DEF	ARTMENT OF HEALTH AND IFICATE OF DEATH	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birtho	ay) IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	a. BIRTHPLACE (State or Foreign
	066-18-0237 12 M2 OF 80 YR	S. MONTHE DAYS HOURS MIN.	(Month, Day, Year) 07-15-1911	Country)
E E	9a. FACILITY NAME (If not institution, give street end number)	96. CITY, TOWN OR LOCATION OF	DEATH 96	C. COUNTY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. STATE	HAVR AL Gra	ce Ha.	Harford
DIRE	MD Harford	CITY, TOWN OR LOCATION	de Grace	10d. INSIDE CITY
₹ N	10e. STREET AND NUMBER	101. ZIP CODE		I ☐ YES 2 🗶 NO
FUNERAL	109 Northway	2107		USA
	1 Never Married 2 Merried FORCES? 1 YES 2 NO	13. WAS DECENDENT OF HISP If yee, specify Cuben, Mexi 1  YES 2 NO Spec	ANIC ORIGIN? (Specify Yee or I cen, Puarto Rican, atc.)	Black, White, atc.
D BY	3 2 Widowed 4 Divorced			Specify: White
COMPLETED	(Specify only highest grade completed) (Give kind	T'S USUAL OCCUPATION of work done during most of working T use retired.)	16b. KIND OF BUSINE	SS/INDUSTRY
MPL	8 (Ret)	Maintenance Sup	Chemical	Manufacturing
	17. FATHER'S NAME (First, Middle, Last)  Patrick Lynch		NAME (First, Middle, Meiden Surn	name)
TO BE		NO ADDRESS (Street end Number or Rura	na Thomas	ate Zin Code)
1	Ms. Ruth Orf 109	Northway, Havr		
	20s. METHOD OF DISPOSITION  1 X Burlel 2 Cremetion 3 Ramoval from State  4 Donation 5 Other (Specify)	reof disposition (Name of or other place)  Cemetery		ON — City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF F	ACILITY	e de Grace, MD
	William & Samo	Mitchell-Smit	th Funeral Horace, MD 210	ome, P.A.
	23. PART I. Enter the diseases, or complications that caused the desth. D shock, or heart failure. List only one cause on each line.	o not enter the mode of dying, su	ch as cardiac or respirato	ry arrest, Approximate
	IMMEDIATE CAUSE (Final disease or condition	100 A - 1 -	Palata	Onaet and Death
	resulting in death)  DUE TO (OR 497) CONSCOUENCE	pri o	cow origine	1
NO	Sequentially list conditions, b. Multiple Orla	in tailure ,		
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	Milyen I		
TIF	CAUSE (Disease or injury that initiated events pull TO (OR AS A CONSEQUENCE resulting in death) LAST	ор:		
CER	d			
CAL	PART ii. Other aignificant conditions contributing to death but not resulting	g in the underlying cause given in	Part i. 24s. WAS AN AUTO PERFORMED	
			1 TES 2 X	COMPLETION OF ONLINE
Z.			_	1 TES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	28. PLACE OF DEATH (C	heck only one)	
PHYSICIAN:	1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA	4 Nursing Home 5 Residence		
ВУ Р		NJURY WORK?  M 1 YES 2 NO	28d. DESCRIBE HOW INJUR	Y OCCURED
	3 Suicide 8 Could not be determined determined	n, street, factory, office	28f. LOCATION (Street and N. City or Town, State)	umber or Rural Route Number,
	DO: OFWICE			
COMPLETED	(Check only one)  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurrence  MEDICAL EXAMINER: On the basic of examination end/or investigated.	irred at the time, date end piece, end du	a 10 the cause(e) and menner e	e steted.
ш	296. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NU		DATE SIGNED (Month, Day, Year)
10 B	1 drie ylo lu.D.	FACE DIST	52	9/5/9/
[ ]	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (7)	pe, Print)		
	31. DATE FILED MOON, DON, WOOD 32. REGISTRAR'S SIGNATURE			
	31. DATE FILED (MOOTH) DAY, WORD 32. REGISTRAR'S SIGNATURE  32. REGISTRAR'S SIGNATURE  AND DAY OSON - Pand	ell		

MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR 1 - STATE	STATE OF MARYL	AND / DEPAR	TMENT OF HEALTH AN	D MENTAL HYGIEN		25993
	REGISTRAR  1. DECEOENT'S NAME (First, Middle, Last)		CERTIF	ICATE OF DEATH	REG. NO		
					2. DATE OF DEATH DON'TH D	AY Y	3. TIME OF DEATN
	ROLAND B T. 4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HR	S. 7, DATE OF BIRTIN	13	BIRTINPLACE (Stalle of Poreign
	216-44-3321A	1 XM 2 F 85	YRS.	MONTHS DAYS HOURS MIN	(Month, Day, Year)		Country)
	90. FACILITY NAME (I POLICE STUDIO OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF S	11 03		Sh. CITY TOWN OR LOCATION OF	June 29,	1904	Preston, Md
DIRECTOR	MEMORIAL HO	96. CITY, IDWIN OF LOCATION OF EASTON	STON SC. COUNTY OF DEATH TALBOT				
ĒC	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCATION			10d. INSIDE CITY
	Maryland Caro	oline		eston			LIMITS?
	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEI	1 YES 2 NO
ER	Box 323			2165	5		S.A.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DECENDENT OF NIS	PANIC ORIGIN? (Specity Yes		. RACE — American Indian
ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	2 MNO	If yes, specify Cuben, Me.  1 YES 2 NO Sp	xicen, Puerto Rican, etc.)		Black, White, etc. Specify:
	15. DECEDENT'S EDUCA						White
COMPLETED	(Specify only highest grade of	completed)	16e. DECEOENT'S (Give kind of w life. Do NOT use	USUAL OCCUPATION work done during most of working	16b. KIND OF BU		
PLE	Elementery/Secondary (0-12)	College (1-4 or 5+)		k & farmer			Service
OM	17. FATNER'S NAME (First, Middle, Last)		PO CIEL		Agricu		
		Edward Vic	tor Lan		NAME (First, Middle, Maiden Catherine		. la i
BE (	19e. INFORMANT'S NAME (Type/Print)	24426 720		ADDRESS (Street and Number or Ru			
2	Louise Meredith	1 Lane		323, Prestor			ode)
	20g. METNOO OF DISPOSITION 1 N Burlet 2 Cremation 3 Ramov 4 Donetion 8 Other (Specify)	val from State 20b.	PLACEANDDATED	E DISPOSITION (Marro of	0.000	0471001	y or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE	MEEE /	ulitor o	rder Cemeter	À   a   T d   a I	Pre	ston, Md.
	ON BAYOU	1.	>	Framptom-Ha	wkins-Esk	Main	Street, Md ederalsburg
	23. PART I. Enter the diseases, or co	molications that caused	the death Do a				
	IMMEDIATE CAUSE (Finel	iet omy one cedse on ee	och inne.				Approximate interval Between Onset and Death
	resulting in death) a.	DUE TO (OR AS A	CONSEQUENCE OF	e pandiova	soular on	14916	Yours
	<b>T</b>	TOT TO TON MO M					
CERTIFICATION	Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that infiltated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF				
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· . II	Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST	DUE TO (OR AS A COntributing to death but	CONSEQUENCE OF	):	PERFOR	MEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
· . II	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	DUE TO (OR AS A COntributing to death but	CONSEQUENCE OF	):		MEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
· . II	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	DUE TO (OR AS A COntributing to death but	CONSEQUENCE OF	):	PERFOR	MEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
· . II	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions  Siving Ar Parace  25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR AS A contributing to deeth but	consequence of	the underlying couse given  HAMEN TUNIO  28. PLACE OF DEATN	PERFOR	MEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
· . II	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other significant conditions  SWIME FRACE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	DUE TO (OR AS A COntributing to death but	consequence of	n the underlying couse given	PERFOR  1 YES 2	MEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
· . II	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other significant conditions  SEVING PARAC  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1	DUE TO (OR AS A DUE TO (OR AS A COntributing to deeth but TO TO MAKE	consequence of	26. PLACE OF DEATH ( OTHER: 4   Nursing Nome 8   Residence OF   28c. INJURY AT	PERFOR  1 YES 2	MEO?  (1/1/2)	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  North American American
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other significant conditions  SWIME FRACE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	DUE TO (OR AS A CONTRIBUTING TO GOR AS A CONTRIBUTING TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTRIBUTION TO GOR AS A CONTR	consequence of	26. PLACE OF OEATN ( OTHER: 4   Nursing Nome 8   Residence	Check only one)	MEO?  (1/1/2)	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  North American American
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages find writin 29 hours after death with the State Death of Health and Mental Hymber Digit to build cremation, or removal

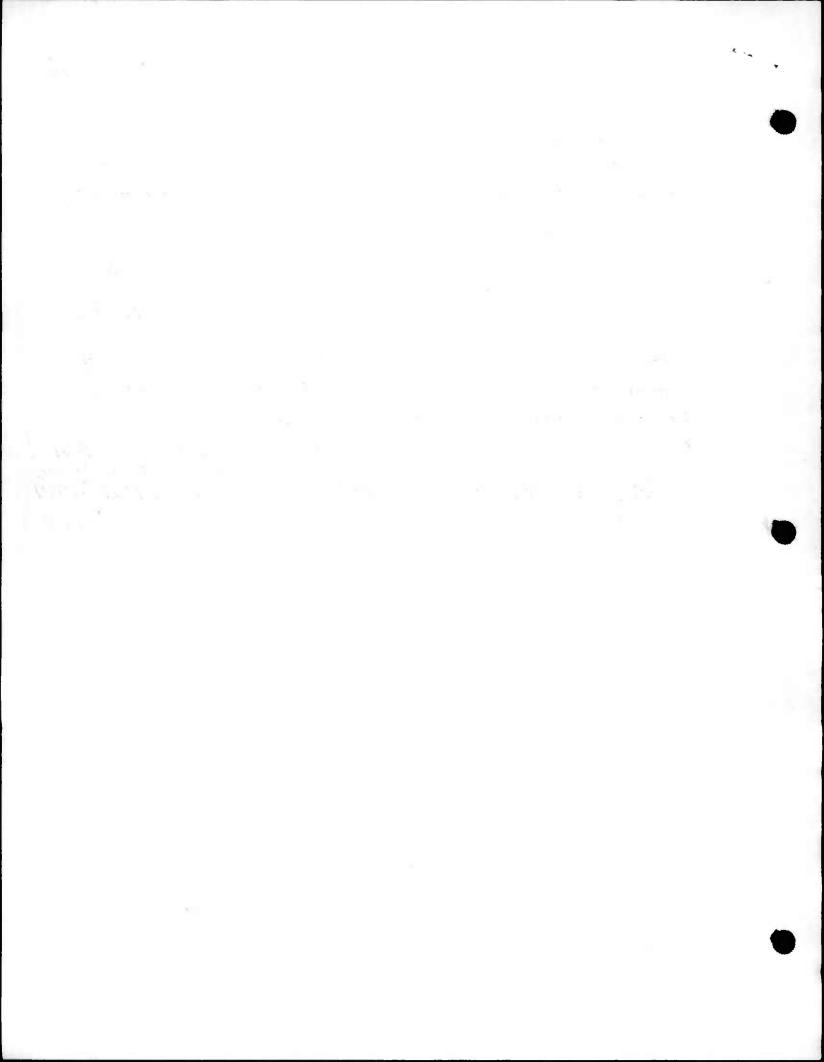
hospital or attending physician. Inched for use as the burial-transit permit. Pages 1, 2, 3 should

AND 21215-0020

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM	ENT OF H	EALTH AND DEATH	MENTAL HYGIEI REG. NO		25994
	1. DECEDENT'S NAME (First, Middle, Last) MILDRED F. LANGR	ELL				2. DATE OF DEATH	DAY Y	3. TIME OF DEATH 11:00 am
	4. SOCIAL SECURITY NUMBER 216-09-7794	5. SEX 8. AGE (In yrs. In	YRS. MON	UNDER 1 YEAR THIS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2-21-1815		BIRTNPLACE (State or Foreign Country)
TOR	98. FACILITY NAME (If not institution, give stre WILLIAM HILL MAN RESIDENCE OF DECEDENT	· III	9b.	EAST	ON	EATN	TALB(	y of déatn )T
DIRECTOR	Maryland Talb		10c. CITY, TOWN OR LOCATION Easton			10d. INS LIM 1 XVE		
FUNERAL	8792 Swan Haven I	Rd., Wm. Hill N	Manor	101	21601		USA	N OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATES	RMED NO	If yes, spi		NIC ORIGIN? (Specify Y an, Puarto Rican, etc.) fy:	es or No — 14	I. RACE — American Indian, Black, White, atc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	completed) (( College (1-4 or 5 +)	GIVE KIND OF WORK 16. DO NOT USE FELL B TECHN	done during mo ired.)	ON at of worlding	GAS/O		TRY
	17. FATHER'S NAME (First, Middle, Last)	Harry Harry	3230121			AME (First, Middle, Maide	n Surname)	
TO BE	Jerome Robert Ma  19a. INFORMANT'S NAME (Type/Print)	1	9b. MAILING ADI	ORESS (Street a		e Fairband Route Number, City or To		
۴	Claudia Kimmelsh		501 Mu			ston, MD		ly or Town, State
	20 METNOO OF DISPOSITION 11 Burlel 2 Cremation 3 Remov 4 Donation 5 Other (Specify)	Gree	ry, cremetory or o			9/13/91 ACILITY		
0	21. SIGNATURE OF PURERAL SERVICE LICEN	Refe		Fleegi	e-Helfer	nbein Fune /e. Green	eral Ho	me
CERTIFICATION	23. PART I. Enter the diseases, or co shock, or heart fellure. Li IMMEDIATE CAUSE (Finsi disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSI	EQUENCE OF):	anter the mo	hung		piretory errea	Approximate Interval Between Onset and Death
A	PART II. Other aignificant conditions	contributing to death but not Na K WWW.		ne underlyin	g cause given in		IN AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC		)						OF DEATH?
ICIA		HOSPITAL:	0	CHER:	ACE OF DEATH (C			
PHYS	27. MANNER OF OEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c, INJ		6 Other (Specify)  28d. DESCRIBE HOW	INJURY OCCU	RED
ВУ	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY — At I	home, farm, stree		YES 2 NO	28f. LOCATION (Street		r Rural Route Number,
ETE(	4 Homicide determined	building, atc. (Specify)				City or Town, Sta	10)	
COMPLETED	onel	AN: To the best of my knowledge, or the bests of examination and/o						
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER Wellskin	Hward J			29c. LICENSE NU	8715	29d. DATE :	SIGNEO (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	H WOOD .	TM 27) (Type, Pri	*) E	A370,	N, Ma	216	0/
	SEP 13 '91	32. REGISTRAR'S SIGNATURE Julia Davidson-1	Pandalla					

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DIVISION OF VITAL DECORDS, 1.0. DOA 13146,	ATTEN	ECTOR:
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_	THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within a	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely
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		1 - FOR STATE OF MARYLAND / CE	DEPARTMENT OF HERTIFICATE OF		NTAL HYGIENE REG. NO.	
		1. DECEDENT'S NAME (First, Middle, Last)			DATE OF DEATH	3. TIME OF DEATH
		SIMMS, GILBERT LEON		(	09/	91 6:11 P M
D		4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (in yrs. last	MONTHS DAVE	IF UNGER 24 HRS. 7.	. DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)
3		219-34-1820 1 V M 2 V F 53	YRS.		01/16/38	COUNTY OF PRATE
3 87	œ	St. Agnes Hospital	98. CITY, IOWN O	R LOCATION OF CEAT	96.	BALL CITY
1, 2,	5	RESIDENCE OF DECEDENT	Baltimor	,	21229	
sages	DIRECTOR	100. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCAT		20	10d. INSIDE CITY LIMITS?
mit.		MD C; ty	BALTIMORE	, MD 212		1 🖄 YES 2 🗌 NO
physician. burial-transit permit. Pages	FUNERAL	2418 Harriet Avenue Baltin	2123 <b>b</b>	212		1) SA.
physician, burial-trar	S	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARI	MEO 13. WAS DEC		ORIGIN? (Specify Yea or No	o— 14. RACE — American Indian, Black, White, atc.
	ВУ Б	1 Never Married 2 Married IF YES, GIVE WAR OR DATES		ecify Cuban, Maxican, F 2 MO Specify:	dano rican, etc.)	Specify:
as as		15. DECEDENT'S EDUCATION 16a. DE	I CEDENT'S USUAL OCCUPATION	ON .	16b. KIND OF BUSINESS	S/INDUSTRY
5 7	ETED	Florida (Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Co	ve kind of work done during mo Do NOT use retired.)		0 1	
spit ped	COMPL	12	VILL SERVA	nt	SOGA!	Security
et de E		17. FATNER'S NAME (First, Middle, Last) HERBERT P. SIMMS		18. MOTHER'S NAME	(First, Middle, Maiden Surner	me) 2:00 c
	BE		. MAILING AOORESS (Street a	nd Number or Burel Bou	to Number City or Town State	ne 1301715
5 5	2	DAMA L. Jefferson	PASAdenA	ml.	to Harrison, only or rown, once	o, 24 0000)
leath. Page 6 may be funeral director, page xaminer must be		20a. METHOD OF DISPOSITION  1 Burlat 2 Cremation 3 Removal from State	OF DISPOSITION (Name of con	netery, crematory or	20c. LOCATIO	N — City or Town, State
ge 6 ma irector, p			Adowridge	Mem. 1	ARK Elk	ridge, Md
death, Page tuneral direction for the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of th		21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AN	D ADDRESS OF FACIL	HAight	Fureral Home
a = 0		Ham TV Haight	1.0.1	195	Sykestil	Le. Md. 21784
n by rem		23. PART I. Enter the eleases, or complications that caused the de shock, er heert fellure. List only one cause on each line	ath. Do not anter the mo	de of dying, such a	e cardiac or respirator	y erreet, Approximate Interval Between
		iMMEDIATE CAUSE (Final disease or condition				Onset and Death
ted within 2- completely fille fal, cremation,		resulting in death) a. ACUTE INFAR	CTION OF PON	S, RIGHT A	AND LEFT	
8 5 - 6	z	CEREBELLAR H	·			
8 " o F	CERTIFICATION	Sequentially list conditione, If any, leading to immediate	DUENCE OF):			
e by	S	ceuse. Enter UNDERLYING CAUSE (Dissess or Injury that injuries and the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of	DIENCE OF			
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1 P P -	ICAL	PART II. Other eignificant conditions contributing to deeth but not r BILATERAL LOWER LOBE PNEUMONIA	esulting in the underlying	g ceuse given in Pa	PERFORMED?	? AVAILABLE PRIOR TO
	MEDI	DIBITERIA BONER BODE TREGIONIA			1 N YES 2 N	OF OEATH?
been sign t. of Heal	M				-1	1 X YES 2 NO
rSICIAN: The law r certificate has be th the State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PL	ACE OF DEATH (Check	only one)	
JAN; The rtificate has State E	SIC	EXAMINER?  1 YES 2 XHO  1 X Input lent 2 ER/Outpatient 3	□ DOA 4 □ Nursing Nom	e 5 🗆 Residence 8	Other (Specify)	
ATTENDING PHYSICIAN; The law requires ECTOR. After this certificate has been sign is after death with the State Dept. of Heat a 128 is marked, or Item 23 shows.	PH	27. MANNER OF DEATN  28a. OATE OF INJURY (Month, Day, Year)		RK?	ed. OEŞCRIBE NOW INJUR	Y OCCUREO
DING PHYS After this death with	BY	2 Accident Investigation		YES 2 NO	BL LOCATION (Street and M	umber or Rural Route Number,
TTEND TOR: A after d	B	3 Suicide 8 Could not be datarmined 228. PLACE OF INJURY — At no building, etc. (Specify)	ma, min, allest, microry, onto		City or Town, State)	mber of ribrat Floore Hamber,
E E 3 5	LE]	29s. CERTIFIER  (Check and 1 CERTIFYING PNYSICIAN: To the best of my knowledge, de	ath occurred at the time, date	end place, and due to	the cause(s) and manner s	a stated.
世 32年	COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the beels of axemination and/or				
TO THE HOSPI TO THE FUNER De filed within		295 ANGMATURE AND TITUS OF CERTIFIED	-	29c. LICENSE NUMBI	ER 29d.	I. DATE SIGNEO (Month, Day, Year)
DE THE	TO BE	Michael (Stezer)	14	D09990	) <b>•</b>	09/10/91
	F	30. NAME AND ADDRESS OF PERSON WNO COMPLETED OUSE OF DEATH (ITE		. 000 6	2	04000
		31. DATE FILED (Month Day Year) 32. REGISTRAR'S SIGNATURE	GNES HOSPITA		Jaton Ave.	21229
		09/10/91 SEP 1 3'91 Julie	· Savidson-Randa	处		
	ш	ONITOTAL SER IN ALL	Orner Interior - 1/ 11 -			DHMH-16 Rev 1/89



hospital or attending physician.	stached for use as the burial-transit p	nce.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit and harmal Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
ate be executed within 24 hours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furnary and completely filled in by the furnary have a proved the formation of the formation of the formation of the formation of the formation.	r traumatic event, the medical
law requires that the death certifica	is been signed by the attending phy- ept. of Health and Mental Hydiene	23 shows any Injury, or other
R ATTENDING PHYSICIAN: The Is	RECTOR: After this certificate has	m 28 is marked, or Item 2
O THE HOSPITAL O	O THE FUNERAL DI	MPORTANT: If Ite

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

George I. Smith, Jr., M.D., 300 We
31. DATE FILED (MONTY, Day, 1991)
SEP 13 1991 Julia Juridoon Randese.

	Ann Mary	Mu	sselwhit	e	2. DATE OF MONTH	DEATH DAY	v	YEAR	3. TIME OF DEATH
ANN	MARY	Mu	SSELWHIT	7		7	12	91	12:40 M
219–10–3565	1 □ M 2 🛣 F	77 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D			Countr	HPLACE (State or Foreign ry) ryland
98. FACILITY NAME (If not institution, give stre Frederick Memoria RESIDENCE OF DECEDENT	Carried Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of th		9b. CITY, TOWN	or Location of D	EATH		9c. COUN		rick
10a. STATE 10b. COUNTY	derick		y, town or Local rederick						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER	-		10	. ZIP CODE			10g. CITIZ	EN OF V	WHAT COUNTRY?
117 West Fourth S	Street			21701				U.S.	.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2X NO	If yes, sp	CENDENT OF HISPA hecify Cuban, Mexic 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	an, Puarto Ric		or No—	14. RACI Black Spec	E — American Indian, ik, White, atc.  White
15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)		(Give kind of a life. Do NOT us	USUAL OCCUPATION Mork done during me se retired.)	ON ost of working	16b. K	HOT		USTRY	
	Dough			18. MOTHER'S NA ROSIE		dle, Maiden S		ise	ry
19a. INFORMANT'S NAME (Type/Print)  Mr. James M. Muss	selwhite			rth St.,		,		/	nd 21701
20a. METHOD OF DISPOSITION  DC Burial 2 Cremation 3 Remon	val from State of c	PLACE AND DATE CEMETARY, Crematory	or other place)		9/14		ederi		own, State Maryland
21. SIGNATURE OF FUNERAL SERVICE LICE		M00255	22. NAME A Keene	ND ADDRESS OF FA	ord P.	A. Fu			
23. PART I. Enter the diseases, or co		1100000	I TOO L	ast Chur	ch St.	, Fre			MD 21701
shock, or haert feliure, L	omplications that caused	the deeth. Do					ederi	ck,	MD 21701 Approximate
shock, or haert feliure. L	list only one beuse on a	I the deeth. Do i	not anter the mo	ode of dying, su	ch as cerdia		ederi	ck,	MD 21701
shock, or haert feliure. L	omplications that coused on as a Director (OR AS A	I the deeth. Do i	not anter the mo	ode of dying, su	ch as cerdia		ederi	ck,	MD 21701 Approximate Interval Between
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immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	the deeth. Do dech line.	of The	ode of dying, su	ch as cerdia		ederi	ck,	MD 21701 Approximate Interval Between
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300 West Ninth Street, Frederick, Maryland 21701

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A. District

	REGISTRAR  1. DECEDENT'S NAME (First, Middle,			TVN	F DEAT	2. D	REG. NO.		S. TIME OF DEATH	
	FRANK 4. SOCIAL SECURITY NUMBER	S. SEX 8. A	MAR GE (In yrs. last birthd	TIN, JR			ATE OF BIRTH	<u>ا</u> ه	BIRTHPLACE (State or Fo	
1	218-12-9526	1 🔀 M 2 🗆 F	69 YR	MONTHS DA	rs HOURS	MIN. 5-8	B-1922	N	Country)  MARYLAND	
œ	9a. FACILITY NAME (If not institution,		4		VN OR LOCATION	N OF DEATN			OF DEATN	
CTOR	PHYSICIANS MEMORIAL HOSPITAL LA PLATA CHARLES  RESIDENCE OF DECEMENT  106. STATE 106. COUNTY 106. CITY, TOWN OR LOCATION 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106. IN 106.									
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TED	15. DECEDENT'S (Specify only highest	16a. DECEDEN (Give kind	T'S USUAL OCCUI of work done durin IT use retired.)	PATION g most of working		16b. KIND OF BUSI	NESS/INDUS	STRY		
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B	FRANCIS A. MAR		40h MAII	ING ADDRESS (C.		VIA BU	JRCH Number, City or Town	Chata Zin C	adal	
2	WINIFRED LEE MA						ΓA, MARYI		,	
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	4 Constion 5 Other (Specify)		ST. PETE		ETERY E AND ADDRESS		,		MARYLAND	
	MICHAEL	BLANKENSHIP,	M000E7				THE HUNT		NERAL HOME, ND 2064-01	
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Z	25. WAS CASE REFERRED TO MEDIC EXAMINER?			2	8. PLACE OF DE	ATH (Check or	nly one)			
3		HOSPITAL: 1 N inpatient 2 ER/Outpatient 3 DOA 4 Nursing Nome 5 Residence 6 Other (Specify)								
IVSICI/	1 TYES 2 X NO			-1	28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED					
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	ICIAN. The law requires that the death certificate be executed within 24 nours after death. Page 6 new the carrier of the hospital or attend
/	TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director in the first of the contract of the bound-transit permit. Pages 1, 2, 3 should
	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATN	v	YEAR	3. TIME OF DEATN
MARION DYCHE MIN	NKE						09	0.3			7:05 PM M
		8. AGE (in yrs. last i		F UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF (Month, D		- 7	8. BIRTI Count	NPLACE (State or Foreign try)
9a. FACILITY NAME (If not institution, give stre	1 M 2 X F	84	4 YRS.	y	100000000000000000000000000000000000000		05	06			Maryland
			1	b. CITY, TOWN					9c. COUI		
RESIDENCE OF DECEDENT						RLAN	D		AL	LEG/	ANY
10s. STATE 10b. COUNTY	Y 0 10 11		316-21	TOWN OR LOCA	TION						10d, INSIDE CITY LIMITS?
Maryland Alleg	LaVale						the CIT	ZEN OF	1 TES 2 NO		
520 Maryland St	reet				215						A
	12. WAS DECEDENT	AS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISP.			F HISPAN			or No-	14. RAC	E — American Indian,	
1 Never Married 2 X Married 3 Widowed 4 Divorced	IF YES, GIVE WA	YES 2 X NO	,		pecify Cuba S 2 🙀 NO	n, Mexicai Specify	n, Puarto Rica /:	n, etc.)	- 1	Spec	
15. DECEDENT'S EDUCA	ATION	160 DEC	EDENT'S H	SUAL OCCUPATI	1011		405 80	10 OF 911	BINESS/INC	Marey	White
(Specify only highest grade of	ompleted)	(Ghr	e kind of wo Do NOT use	rk done during m retired.)	ost of workin	g					
Elementary/Secondary (0-12) 12	College (1-4 or 5+)		ers	Worke	er		Ce.	lane	se C	Corp	
17. FATHER'S NAME (First, Middle, Last)					18. MOTH	IER'S NA	ME (First, Midd	lla, Maiden	Surname)		
Henry Austin Dy	yche				Bet	tie	Rout	zah	n Ke	pha	art
19a. INFORMANT'S NAME (Type/Print)				DDRESS (Street							
Micheal Minke				rylan							
20a. METHOD OF DISPOSITION  1 Burtal 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	val from State			other place Pa		em 9	DATE 6/91				own, State id, Marylan
21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		0001	22 NAME A	NO ADDRE	DE OF FA	CII ITV				
· Event a	PQ.	h		Leas	ure-	Ste	in,In Md. 2			Ba l	timore Av
23. PART i. Enter the diseases, or co	molicetions that	-									
shock, or heart failure. L		se on each line.							ratory an	reat,	
shock, or heart failure. L	DUE TO	se on each line.	USC U	t enter the m					ratory an	reat,	interval Between
shock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	DUE TO (	Pebroc (OR AS A CONSECU	UENCE OF):	lan					iratory an	reat,	interval Between
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CERTI	FICALE	OF DEA	I H	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, CAROLLN'	Last) A.K.A.LEN E K. MONTGON		INE M	ONTGO	MERY	2. DATE OF DEATH DA		year 91 10:45
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthda)	IF UNDER 1 Y	EAR SE INDE	9 24 HRS.	7. OATE OF BIRTH		8. BIRTHPLACE (State or Foreign
	214-22-4617				AYS HOURS	MIN.	(Month, Day, Year)	06	Country)
			54 YRS.				11 30	26	MARYLAND
	9a. FACILITY NAME (If not institution,				OWN OR LOCAT			9c. COU	NTY OF DEATH
Ö	1305 OAKWOOD			GI	LEN BU	RNI	£	A	NNE ARUNDEL
<u>   </u>	RESIDENCE OF DECEDEN	OUNTY	100 0	ITY, TOWN OR	OCATION				10d, INSIDE CITY
DIRECTOR		ANNE ARUNDEI			SLEN E	TIDAT	T TO		LIMITS?
	10e. STREET AND NUMBER	AMME AROMDE	-		10f. ZIP COC		LE		1 YES 2 XNO
FUNERAL	1305 OAKWOOD	DOAD				061		10g. CITI	
빌									U.S.A.
윤	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS OECEDENT EVE FORCES? 1 2		13. WA	s DECENDENT (	OF HISPAN an, Maxica	IIC ORIGIN? (Specify Yea n, Puerto Rican, atc.)	or No-	14. RACE - American Indian, Black, White, atc.
B	3 Widowed W Divorced	IF YES, GIVE WAR OF	DATES	10	YES 2 XNO	Specify			Specify: WHITE
	15. DECEDENT	S EDUCATION	16a. DECEDENT	NOO MIGH S	IDATION		16b, KIND OF BUS	INESS /INF	
COMPLETED	(Specify only highes	t grade completed)	(Give kind o	of work done duri	ing most of work	ing	TOLK KIND OF BOX	311123371112	7001N1
٦	Elementary/Secondary (0-12)	College (1-4 or 8+)	CLERIC				DEPART	MEN	T STORE
N	17. FATHER'S NAME (First, Middle, La	seti	1022112	-		HEO'S NA	ME (First, Middle, Maiden		1 010100
	NICHOLAS H.						C. MORGAN		
BE	19a. INFORMANT'S NAME (Type/Print		10h MAH II	IG ADDRESS (			Route Number, City or Tow		Codel
2			204	O O D T T	See a T	or nurer r	oute Number, City or low	n, statu, zij.	21122
	WILLIAM T. MI 200 METHOD OF DISPOSITION	ONTGOMERY JI	206, PLACE AND D			ALA	DATE 200 LO		DENA MD City or Town, State
	1 🔀 Burial 2 🗆 Cremation /3 🗆		SLEN HAV			37	1		URNIE, MD.
	4 Donation 5 Other Specify  21. SIGNATURE OF FURNIAL SERV		TIEM IIM		ME AND ADDRE		1-1-1	TIN D	OKNIE, MD.
	///	1 Km	Iman	RAY	MOND	C. I	FINK FUNE	ERAL	HOME 21061
	/ w	4 4. 120	0	426	CRAI	N H	WY.S.W.GI	EN	BURNIE, MD.
	23. PART I. Enter the disease shock, or heert fe IMMEDIATE CAUSE (Final disease or condition	s, pricomplications that cau ilure. Liet only one cause or	sed the death. Do	not enter th	mode of dy	ring, suc	h as cerdiac or resp	Iratory en	Approximate interval Between Onset and Death
	resulting in death)	AUE TO (OE A	S. A CONSEQUENCE	OF: D	orge	· ·	las of		
S	Sequentially list conditions,	9 100	MA CONSEQUENCE	nceed	71	M	ercu.	N	
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO JOH A	CONSEGUENCE	OF J.					
윤	CAUSE (Disease or injury that initiated events	C. , DUE TO (OR A	S A CONSEQUENCE	OF):		V			
E	resulting in death) LAST								
핑		0.							
EDICAL	PART II. Other significant cor	nditions contributing to deat	h but not resultin	g in the unde	orlying cause	given in	Part I. 24a. WAS AN PERFOI		246. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
음	1 / Roll	ult fle	euce	W			1 🗆 YES 2	XNO	COMPLETION OF CAUSE OF DEATH?
ME	Location	DUKK	a elle	m					1 TYES 2 NO
	/ / //	7							N/A
X	25. WAS CASE REFERRED TO MEDI EXAMINER?				26. PLACE OF	DEATH (Ch	eck only one)		
S	1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/C	Outpatient 3 🗆 DOA	OTHER:	g Home & F	lasidence	8 Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJUI (Month, Day, Yea		IME OF 2	Sc. INJURY AT WORK?		28d. OESCRIBE HOW	NJURY OC	CURED
ВУР	1 Natural 8 Pending 2 Accident Investig	9	"	M	1 YES 2	□ NO			
	3 Suicide 8 Could i	28e. PLACE OF INJI	JRY At home, farr	n, atreet, factor	y, office				f or Rural Route Number,
E	4 Homicide determine	not be building, atc. (Sined	эрөсну)				City or Town, State,		
Ë	29a. CERTIFIER 1 CERTIFYING	PHYSICIAN To the best of my ki	nowledge death see	armed at the time	a data and place	a and due	to the amuse/st and me		4-4
COMPLETED	(Check only one)								ned. he cause(a) and manner ee stated.
8		1/1/1			40				
BE	29b. SIGNATURE AND TITLE OF SE	7//	4		29c. LIC	CENSE NUI	WBER		TE SIGNED (Month, Day, Year)
OT.		1 /xfis	0		P	10	100	0	9-12-91.
	30. NAME AND ADDRESS OF PERS	1							
		.SUBONG M.D.		RAIN F	IWY.S.	W.G	LEN BURN	E,M	D. 21061
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S							
	SEP 13	1991 Julia Van	iden Rand	92					

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this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by		led at once.
eral director, page 5 sh		niner must be notif
ntely filled in by the fun	mation, or removal.	TANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
g physician and comple	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cre	ther traumatic ever
signed by the attendin	Health and Mental Hyg	ws any injury, or o
s certificate has been	th the State Dept. of	id, or Item 23 sho
. OIRECTOR: After this	hours after death wil	item 28 is marke
FUNERAL	within 72	TANT: H

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FUNERAL

BY

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PHYSICIAN: MEDICAL CERTIFICATION

BY

COMPLETED

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31. DATE FILED (Month, Day, Year) SEP 1 1 1991

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TO THE HOSPITAL O
TO THE FUNERAL O
be filed within 72 ha
IMPORTANT: If IN

FOR STATE REGISTRAR 26000 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH Harold R. Mullin 09-09-91 3:00p 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. BIRTHPLACE (State or Foreign DAYS 1 M 2 F 345-24-6675 80 03-01-11 Wisconsin 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Ginger Cove Health Center Annapolis Anne Arundel 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY LIMITS? Anne Arundel Annapolis X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1114 River Crescent Drive 21401 USA 13. WAS DECENDENT OF HISPANIC ORIOIN? (Specify Yee or No—
It yes, specify Cuben, Mexicen, Puerto Ricen, stc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. It yes, specify Cuben, Mexicen, Puerto Rice

1 ☐ YES 2 ☑ NO Specify: 1 Never Merried 2 Married 3 Widowed 4 Divorced White 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16h, KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) most of working Elementary/Secondary (0-12) College (1-4 or 5+) Atomic Energy Comm. Federal Agency 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Frank B. Mullin Clara Ried 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Clarene Mullin Silverwood Circle, Annapolis, MD 21401 20e. METHOD OF DISPOSITION
1X Burlel 2 Cremation 3 Removal from State
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION - City or Town, Stata of cemetary, cremetory or other place) Franklin Memorial Park North Brunswick, 21. SIGNATURE OF FUNERAL SERVICE LIÇENSEE 22. NAME AND ADDRESS OF FACILITY Date Hardesty Funeral Home, P.A. Ridgely Ave. Annapolis, MD 21401 23. PART I. Enter the disasses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Retwe Onset and Dasth **IMMEDIATE CAUSE (Final** disease or condition resulting in death) lausnam DUE TO (OR AS CONSEQUENCE OF Sequantially llat conditiona, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 25. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 | YES 2 | NO ng Home 5 🗆 Residence 6 🗀 Other (Specify) 4 🗆 Nur 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 5 Could not be determined 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my kno 2 MEDICAL EXAMINER: On the basis 296. SIGNATURE AND TITLE OF CERTIFIER 24c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 5 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

L	1. DECEDENT'S NAME (First, Middle, Li	nat)				2. DATE OF MONTH	DEATH DAY	YEAR	3. TIME OF DEATH
1 3	Glen	Maines	JR			09	09	18	1400
	4. SOCIAL SECURITY NUMBER 579-05-2650	5. SEX 8. AGI		MONTHS DAYS	HOURS MIN.	7. DATE OF (Month, Did 12-02	sy, Ybar)	8. BIRTI Count	HPLACE (State or Foreign try)  Kansas
15	9e. FACILITY NAME (If not institution, g	ive atreet and number)		Λ	OR LOCATION OF D			A A	
DE LEGI	10a. STATE 10b. COI		10c. CITY,	TOWN OR LOCA	Z2/CA		·		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER	e RN	#104		ZIP COOE	1/	10g. C	USA	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR OR WWII	S 2 NO	If yes, sp	CENDENT OF HISPA secify Cuban, Mexic 2 NO Speci	an, Puerto Rica		- 14. RAC	E — American Indian, ck, White, atc. city:
COMPLETED	15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)	EDUCATION	16a. DECEDENT'S U (Give kind of we life. Do NOT use	ork done during me	ON ost of working	16b. KJ	ND OF BUSINESS/	INDUSTRY	
MP.	12	2	Brick	Layer		Ma	asonry	Fore	eman
COM	17. FATHER'S NAME (First, Middle, Last)						dle, Maiden Surname	9)	
6 111	Glen C. Mair	nes Sr.			Olive			m	
TO BI	19a. INFORMANT'S NAME (Type/Print) Pauline Mair	200			Road of				MD 21110
8	20a. METHOD OF DISPOSITION		20b. PLACE OF DISPOSI				Annapo 20c. LOCATION		MD 2140
E	1 ☐ Burlal X ☐ Cremation 3 ☐ I	Removal from State	Metro C	remato	rv		Balti		
	21. SIGNATURE OF FUNERAL/SERVIC	E LICENSEE	17.1	22, NAME A	ND ADDRESS OF F				·
ayallia	· Att	1/201/8		Hard	estyFur	neral	Home.	P.A.	
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BALTIMORE, MARYLAND 21215-0020

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death exciticate be executed within 24 moust after death, Fluge 6 imay be retained by the hospital or antending phy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely liked in by the funeral director, page 5 should be detached for use as the burn be filed within 72 hours after death with the State Deot, of Health and Mental Hopers prior in burns, cremmen.	
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	cutted	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lilled in by the N. be filed within 72 hours after death with the State Deot, of Health and Nemial Housen prior in burial, commission, or empress.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event. The medical examiner must be notified at once.
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_	1 - STATE REGISTRAR	STATE OF I	MARYLAND C	DEPART	MENT	OF E	HEALTH AND	MENTA	REG. NO	E	7 1	20002
	1. DECEDENT'S NAME (First, Middle, Last) DAVID	Н	M	a C mar	C	D		2. DATE	E OF DEATH	AY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER			ACEY		R.		09	04	19		10:45 A M
	217-09-4842	5. SEX 1 X M 2 F	6. AGE (In yrs. la		IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mon	of BIRTH th, Day, Year) 25-19	16	Country	PLACE (State or Foreign
OB	9a. FACILITY NAME (II not institution, give s Anne Arundel M		Center				or location of D			9c. COU	NTY OF DE	
띪	RESIDENCE OF DECEDENT  10s. STATE 166. COUNT	y		10c. CITY,	TOWN	201001	71011					
L DIRECTOR		Arunde	1			na	Park,					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	142 Boone Tra	i1				10	f. ZIP CODE 211	46		11000	U.S.	HAT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Narried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 X	NO NO		If yea, sp	CENDENT OF HISPAL Hecity Cuban, Mexica is 2 X NO Specific	NIC ORIGI en, Puerto	N? (Specify Yes Rican, atc.)	or No-		— American Indian, White, atc.
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H	(Specify only highest grade	completed)	(6	ECEDENT'S U Sive kind of wo b. Do NOT use	nk nhana	CCUPATIO during mo	ON ost of working	16	b. KIND OF BU	SINESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12) 12+	College (1-4 or 5		wner		era	tor		Auto	Serv	ice	Station
	17. FATHER'S NAME (First, Alicelle, Last)						16. MOTHER'S NA					
BE	Samuel James M	acey	- 1						va Ho			
10	Mrs. Anne Mace	v	19				nnd Number or Rural Trail					
	20a. METHOD OF DISPOSITION 1X   Burtal 2 □ Cremation 3 □ Rem	-	20b. PLACE cemetery, cre	AND DATE OF	DISPOS	ITION /No	ame of	D 47	verna	CATION —		
	4 ☐ Donation 5 ☐ Other (Specify)  21. SIGNATUBE OF FUNCTION, SERVICE LIE	fudes /	Gle	n Hav	ren	Mer	moria1	Parl	k G	len :	Burn	ie, MD
	1man 8	XX	n lon	Page	Ba	rra	anco & Ritchie	Son	s Fund	eral	Hom	e rk, MD 2
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	shork, or heart feliure.	List only one cou	se on aech line	3.								Interval Betwaen
	disease or condition	HAGU	celm	5/2	Ca	50	Masa	100	- 23	za a	35	Onset and Death
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7	PART II. Other algnificant condition	s contributing to	death but not r	reaulting in	the un	derlying	g ceuse given in	Part I.	24a. WAS AN PERFOR	AUTOPSY MED?		WERE AUTOPSY FINDINGS
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Ä	27. MANNER OF DEATH	26a. DATE OF	INJURY	28b. TIME	OF I	28c, INJ	e 5 ☐ Residenca URY AT		SCRIBE HOW II			
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E E	29a. CERTIFIER 1 CERTIFYING PHYSI	MAN. To de Sur	100000									
COMPLETED	(Check only	R: On the beals of a	my knowledge, de tamination and/or i	ath occurred investigation,	in my o	me, date pinion, d	end place, and dua eath occured at the	time, date	use(a) and man end placa, en	ner ee atate d dua to the	d. cause(a)	and manner ee stated.
BE 0	296. SIGNATURE AND TITLE OF CERTIFIED						29c. LICENSE NUM					Month, Day, Year)
0	30 NAME AND ADDRESS OF DEDOM WAY	) NX	2				O.C.M.	Ε.				-1991

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ANN M. DIXON M.D.

11 1 PE

31. DATE FILED (Month, Day, Year)

SEP 1 0 1991 July Savidson Rendale.

111 PENN STREET BALTIMORE MARYLAND 21201

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	REGISTRAR		CERTIFIC	ATE OF	DEATH	R	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Le	232 (27)	ille Mane	ess		2. DATE OF I	DEATH DAY	YEAR 3. TH	ME OF DEATH
?)	4. SOCIAL SECURITY NUMBER 244283427			UNDER 1 YEAR	HOURS MIN.	7. DATE OF E (Month, Da 8-16-	y, Year)	Country)	E (State or Foreign Carolina
HO	CHURCH HOSPIT	AL CORPORAT			EMORE C		9c. COU	NTY OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COU			OWN OR LOCATI		,			INSIDE CITY LIMITS? YES 2 NO
FUNERAL C	100. STREET AND NUMBER	rth Madiera St			ZIP CODE	224		U. S. A	COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECENT EVER IN FORCES? 1 YES	U.S. ARMED 2 X NO	If yes, spe	ENDENT OF HISPAL celty Cuban, Maxica 2 NO Specif	n, Puerto Rice	pecify Yea or No-	14. RACE Ar Black, White	merican Indian,
LETED	15. OECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind at work life. Do NOT use r	k done during mos etired.)	N it of working	16b, KIP	ID OF BUSINESS/IN		
COMPLET	77. FATHER'S NAME (First, Middle, Last)	Mandaya Will		maker			Domestic		
TO BE	190. INFORMANT'S NAME (Type/Print) Pat Medli	Theodore Mill		ODRESS (Street a	nd Number or Rurel		agent City or Town, State, Zi n, North (		27202
	20a. METHOD OF DISPOSITION 1 G Buriel 2 Cremation 3 G R 4 Donation 6 Other (Specify)	200	b. PLACE AND DATE of cemetary, crematory or lesChapel	FOISPOSITION	(Name	OATE	20c. LOCATION —	City or Town, S	
	≥ 21. SIGNATURE OF FUNERAL SERVICE  Prechael P.	DOENSEE		22. NAME AN	U ADDRESS OF PA	Mai	zullo Fu Upperco	meral :	Service
	23. PART I. Enter the diseases, ahock, or heart failu iMMEDIATE CAUSE (Finel disease or condition resulting in death)	re. List only one cause on a	d the death. Do not ach line.  In fan a consequence of:				or respiretory er	rest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury	c	A CONSEQUENCE OF):						
ERTIFIC	that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):						
EDICAL		tions contributing to death to		t not resulting in the underlying cause given in Part			Part I. 24a, WAS AN AUTOPSY PERFORMED?  1 YES 2 NO		E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE DEATH?  YES 2 \( \subseteq \) NO
SICIAN: M	25. WAS CASE REFERRED TO MEDICA EXAMINER?	L HOSPITAL:			ACE OF OEATH (C	heck only one)			
=	1  YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	1 Inpatient 2 ER/Out		OF 28c. INJ	e 5 Residence URY AT RK7 YES 2 NO		pecify) IBE HOW INJURY O	CCURED	
TED BY PH	2 Accident investigation 3 Suicide 6 Could not be building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)							er or Rural Route	Number,
COMPLET	cool only	HYSICIAN: To the best of my know							manner as stated.
TO BE CON	29b. SIGNATURE AND TITLE OF CERT	Churc	HOUSE-C	L	29c. LICENSE NU D405	521	29d. DA	TE SIGNED (Mon	
F	DR. OCHANEY		100 N.		RCH HOSP HY BY	ALTIMOR	e,mo :	21231	
	SEP 1 3 '91	22. REGISTRAR'S SIGN	Aandall.						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts and reading physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 so filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	91-5223-045								
	FOR STATE REGISTRAR	STATE OF MA	ARYLAND / DEPA	ARTMENT OF	HEALTH AND DEATH	MENTAL HYGIEN REG. NO	-	1 26004	
	1. DECEDENT'S NAME (First, Middle, Last) HEATHER C.			MILLEF		2. DATE OF DEATH	19	3. TIME OF DEATH 7:04 P M	
)	4. SOCIAL SECURITY NUMBER 210-52-8164	1 🗆 M 2 👺 F	AGE (In yrs. last birthda 17 YRS	MONTHS DAVE	IF UNDER 24 HRS. HOUMS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-23-19		BIRTNPLACE (State or Foreign Country) ennsylvania	
тов	99. FACILITY NAME (If not institution, give sto PENINSULA GENE RESIDENCE OF DECEMENT		PITAL	96. CITY, TOWN	BURY	EATH		OMICO	
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY Pennsylvania	Allegheny		CITY, TOWN OR LOC	Glens	haw		10d. INSIDE CITY LIMITS? 1  YES 2 NO	
VERAL	100. STREET AND NUMBER	Thermon Av	enue	1	Of. ZIP CODE	16		N OF WHAT COUNTRY? S. A.	
B	11. MARITAL STATUS 1 X Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	YES 2 NO	It yes, s	CENDENT OF HISPAI pecify Cuban, Maxica S 2X NO Specif	NIC ORIGIN? (Specify Yearn, Puarto Rican, stc.) y:	n or No — 14	Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	(Give kind life. Do NOT	r's usual occupat of work done during n r use retired.) udent	ION lost of working	16b. KIND OF BU	siness/inous		
	17. FATNER'S NAME (First, Middle, Last)	chard A.	Millor			ME (First, Middle, Maiden Karen Schm	Surname)		
TO BE	190. INFORMANT'S NAME (Type/Print) Richard A. Mill		19b. MAILI	NG ADDRESS (Street	and Number or Rural	Route Number, City or Town	rn, State, Zip Co		
	20a. METHOD OF DISPOSITION 1   XBurlei 2   Cremation 3   Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place)								
	21. SIGNATURE OF FUNERAL SERVICE LICE	argullo	MT. Ro	val Cemet 22. NAME / 3981	ND ADDRESS OF FA	Marzull	o Fune	wnship, Pa. ral Service ,Maryland 2115	
	23. PART I. Enter the disesses, or conshock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in desth)	STAB W	on each line.	FRONT A		has cardiac or respi		t, Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING								
ERTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OF	R AS A CONSEQUENCE	OF):					
_ II	PERFORMED? AVAILABLE P						246. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATN?		
PHYSICIAN: MEDICA	1   YES 2   NO  25. WAS CASE REFERRED TO MEDICAL  26. PLACE OF DEATH (Check only one)								
VSIC	1 XYES 2 NO		NOutpetient 3X DOA	OTHER: 4 I Nursing Nor					
BY PH	27. MANNER OF OEATN  1 Netural 5 Pending 2 Accident Investigation	9 - 9 - 1	8001	NJURY W	JURY AT DRK? YES 2 X NO	26d. DESCRIBE HOW IS SUBJECT	STABB:		
- 10	3 Suicide 6 Could not be determined	28a, PLACE OF IN building, atc.	JURY — At home, ferm (Specify) SHO	PPING M		281. LOCATION (Street City or Torn State)	nd Number or F		
COMPLETED	29a. SERTIFIER (Check only one) 1 CERTIFYING PNYSICI	AN: To the best of my	knowledge, death occu	irred at the time, date	and place, and due death occured at the	to the cause(s) and mar	ner as stated.	Buse(a) and manner as stated.	
IO BE	296, SIGNATURE AND TITLE OF OPPUPIER	le A	M		O C M			GNED (Month, Day, Year) 10-1991	
MAKE T- GOLLE, JR- MP. 111 N. PENN STREET BALTIMORE, MARYLAND 21201									

Lulia Davidson Pondace

and the same

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4. SOCIAL SECURITY NUMBER

IF UNDER 1 YEAR

IF UNDER 24 HRS.

8. AGE (In yrs. last birthday)

Claiborne Claiton NOFFSINGER

5. SEX

3. TIME OF BRATH

REG. NO.

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2. DATE OF DEATH

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7. DATE OF BIRTH

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		Decid	

BALTIMORE, MARYLAND 21215-0020

8. BIRTHPLACE (State or Foreign Virginia Sept. 29, 217-12-2891 1 X M 2 | F 80 YRS. 1910 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Frederick Memorial Hospital Frederick Frederick RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Frederick 10d. INSIDE CITY Maryland Frederick YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 423 Sherman Avenue 21701 U.S.A. irs after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noit yes, specify Cuben, Maxican, Puerto Rican, etc.)
1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YO 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe ě Elementary/Secondary (0-12) College (1-4 or 5+) page 5 should be detached Milk Distributor Dairy Wholesaler once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George H. Noffsinger Ħ Ida Cronice notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Irs. Lillian V. Noffsinger 423 Sherman Avenue, Frederick, Maryland 21701 pe 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State examiner must director, Mount Olivet Cemetery . 9-13-91 Frederick, Maryland 4 Donation_5 Other (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Keeney and Basford Funeral Home funeral ( whach C.C. M00021 filled in by the foot, or removal. 106 East Church St., Frederick, Md. 21701 medical 23. PART I. Enter tha diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximete shock, or heart fellure. List only one ceuse on each lina. d completely filled in urial, cremation, or a interval Between IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition_ darte QUE TO (OR AS A CONSEQUENCE OF): event. resulting in deeth) in and com to burial, DUE TO (OR AS A CONSEQUENCE OF ار traumatic CERTIFICATION Sequentially list conditions, if any, leeding to immediate the attending physician I Mental Hygiene prior to cause. Entar UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in deeth) LAST Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL been signed by the pt. of Health and Iv 3 shows any Inj 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 -NO 1 TYES 2 NO certificate has been the State Dept. of the State Dept. of or Item 23 sl 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 -NO 1 Inpatient 2 ER/Outpatient 3 DOA marked, or me 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF this cu 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation М BY 1 YES 2 NO O THE HOSPITAL UN TO THE FUNERAL DIRECTOR: After TO THE FUNERAL DIRECTOR: After death the flied within 72 hours after death the flied 28 is m After 1 death 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicida 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED. 8 Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. COMPL TO THE HOSPITAL
TO THE FUNERAL I
De filed within 72 h
IMPORTANT: If is 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE 29c. LICENSE NUMBER , Hung lu 5 211 2 30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Robert S. Hughes, 700 Montclair Ave., Frederick, Md. 21701 31. DATE FILED (Month, Day, Year)
SEP 11 32. JEGISTRAR'S SIGNATURE
Julia Davidson-Randall

DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

BOX 68760,

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DIVISION OF VITAL RECORDS,

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1215-0020	r attending physician.	use as the bunal-transit permit. Pages 1, 2, 2 annual	
BALTIMORE, MARYLAND 21215-0020	s mours after death. Page 6 may be retained by the hospital	illed in by the funeral director, page 5 should be detached for n, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2 the befilled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION	TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: After be filed within 72 hours after death	IMPORTANT: If Item 28 is me

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	SAMUEL THEO	DURE POOL	LE. SR.		2. DATE OF DEATH MONTH, D		3. TIME OF DEATH	
		HEODORE	POOLE			9/11/91	, TEA	1750 M	
		18M20F 7	. M	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6. Bit Co	RTHPLACE (State or Foreign	
OR	98. FACILITY NAME (If not institution, give str FREDERICK ME				DEPLCK	EATH )	9c. COUNTY O	F DEATH	
Б	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY								
DIRECTOR	MD. Fr	ederick	10e. CITY,	Thurmo				10d. INSIDE CITY LIMITS?  1 YES 2 NO	
FUNERAL	128 N. Carrol	l Street		101	21788		10g. CITIZEN C	OF WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 D YES IF YES, GIVE WITH OR DAY 1941-44	U.S. ARMED 2 NO TES	If yes, sp	ENDENT OF HISPAI ecity Cuben, Maxics 2 NO Specif	NIC ORIGIN? (Specify Yearn, Puarto Rican, atc.)	В	ACE — American Indian, llack, Whita, etc.	
	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION	18a. DECEDENT'S US	BUAL OCCUPATION	ON	16b. KIND OF BUS	SINESS/INDUSTR	Y	
COMPLETED	Elementary/Secondary (0-12) 9-19	College (1-4 or 5+)	ine Do NOT use i	,	st of working	constr	uction		
SO	17. FATHER'S NAME (First, Middle, Last)	- 0 -				ME (First, Middle, Maiden	Surname)		
BE	Charles Edward Po	ole	19h MAII ING AI	DDBESS /Stmat o		Young Route Number, City or Town			
2	Carol Putman		6313 F	ord Rd	., Frede	rick, Md.	n, State, Zip Code) 21702	)	
	20a. METHOD OF DISPOSITION  1 (3 Burlet 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	val from State 20b. I	PLACE AND DATE OF lery chemetory or other ESTHAUEN	DISPOSITION (Na Memoria	me of Garde	DATE 20c. LO	CATION - City of	r Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		Stat	id adoress of fa	neral Home,	P.O.	Box 1819	
	Standa /	remmer	/	Free	derick, 1	Md. 21702			
	23. PART i. Enter the diseases, or complications that ceueed the death. Do not enter the mode of dying, such as cardiac or respiratory strest, shock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Fine)  disease or condition  L. V. C. D. C. C. C. C. C. C. C. C. C. C. C. C. C.								
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF:	CEPHA	WPATH	AT ARR	EST.	4 DAYS	
Z	PNEWDONIA.								
ATIO	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING								
CERTIFICATION	CAUSE (Disease or injury that initiated evente resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
8	d.								
EDICAL	PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Pert i.  24a. WAS AN AUTOPSY PREFORMED?  1 YES 2 NO  24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE OF DEATH OF CAUSE								
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PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL			04 PI	****				
SIC	EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Ch				
H	27. MANNER OF DEATH	28s. DATE OF INJURY	26b, TIME C			6 Other (Specify) 28d, DESCRIBE HOW IN	I III DV OCCUPED		
	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	Y WOI	ES 2 NO	FULUD		2 1	
B√	2 Accident Investigation 3 Suicida 8 Could not be	28s. PLACE OF INJURY -	At home, farm, atre			281. LOCATION (Street a			
	4 Homicide detarmined	building, etc. (Specify Ho ME	n			City or Town, State)			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI	AN: To the best of my knowles On the basis of examination	dge, death occurred a and/or investigation, i	n my opinion, de	and place, and due	to the cause(a) and man	ner as stated.	e(a) and manner se stated.	
	29b. SIGNATURE AND TITLE OF CENTIFIER	5/0			29c. LICENSE NUM			ED (Month, Day, Year)	
TO BE	JC 1. 1	The	M.D.		DIDY	,	D 0, 1	(191	
-	30. NAME AND ADDRESS OF PERSON WHO						1		
ŀ	31. DATE FILED (Month, Day, Year)	DEGISET 70	URE	1 tto	omas c	2040820 I	DR FR	FUERICK	
	9 REDGIG 1991	32. REGISTRAR'S SIGNAT	andelle						